OWEN
PSOMAS

September 29, 2009

Mr. Kevin Bell, Assistant Engineer
Placer County Department of Facility Services
11476 C Avenue
Auburn, CA 95603

Re: Placer County – SMD 1 WWTP Upgrade & Expansion
Preliminary Design Report
Owen Psomas Project No. 6PLA170800
Revised Final Report of Waste Discharge

Dear Kevin:

As requested, attached are four (4) revised copies each of the following, along with one (1) CD-ROM electronic copy of the revised final Report of Waste Discharge:

- Report cover page (signed and stamped) and inside cover page.
- EPA Form 3510-2A (page 5 of 21).
- EPA Form 3510-2A (page 10 of 21).
- Addendum A – Form 2A Part A (entire addendum).
- Section 3 (entire section).

The revised pages reflect your comments and corrections we noted regarding the lowest 30-day average flow in Rock Creek at R-1. In Section 3, we added a paragraph on page 3-2 that describes the Total Nitrate plus Nitrite and Total Ammonia effluent limits assumed for design of the proposed improvements.

If you have any questions, please contact me directly.

Sincerely,

Stephen D. Herrera, P.E.
Senior Project Manager

WJO:tlc

Enclosures

cc: Webb Owen, Owen Psomas (w/Enclosures)

3377 Coach Lane
Suite K
Cameron Park, CA 95682-8440

530.677.5286
530.677.5606 Fax
www.psomas.com

PLACER COUNTY

SMD 1 WWTP UPGRADE & EXPANSION

REPORT OF WASTE DISCHARGE
NPDES PERMIT No. CA0079316

Prepared for:
Placer County
Department of Facility Services
11476 C Avenue
Auburn, California 95603

September 2009

Prepared by:
Owen Psomas
3377 Coach Lane, Suite K
Cameron Park, California 95682
(530) 677-5286

Owen Psomas Project No. 6PLA170800.04

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SMD 1 WASTEWATER TREATMENT PLANT

NPDES PERMIT APPLICATION

GLOSSARY OF TERMS

Term	Definition
ADD	Average Day Demand
ADWF	average dry weather flow
AF	acre feet
ALK	alkalinity, as calcium carbonate
CCR	California Code of Regulations
CEQA	California Environmental Quality Act
cf	cubic feet
cfm	cubic feet per minute
CFR	Code of Federal Regulations
Cl or Cl_2	chlorine
CMC	Criteria Maximum Concentration
County	Placer County – Department of Facility Services
CTR	California Toxics Rule
CWA	Clean Water Act (Federal Water Pollution Control Act, PL 92-500 as amended)
DFG	State of California, Department of Fish and Game
DHS	State of California, Department of Health Services
DO	dissolved oxygen
DTSC	Department of Toxic Substances Control
E.C.	electrical conductivity
EPA	(see USEPA)
FEB	Flow Equalization Basin
FM	flow meter
gpd	gallons per day
gph	gallons per hour
gpm	gallons per minute
h	hour
HWL	high water level
HWS	high water surface elevation
I/I	Infiltration and Inflow
kg	kilograms
lb/day	pounds per day
LF	lineal feet

PLACER COUNTY
SMD 1 WASTEWATER TREATMENT PLANT

NPDES PERMIT APPLICATION

GLOSSARY OF TERMS

Term	Definition
mgd	million gallons per day of water or wastewater flow (one mgd equals 694.4 gallons per minute).
mg/L	milligrams per liter
MPN	most probable number (organism count/100 mL)
MSL	mean sea level
µgL	micrograms per liter
NaOH	sodium hydroxide
NEPA	National Environmental Policy Act
NPDES	National Pollutant Discharge Elimination System. An enforceable permit system established by the Clean Water Act for discharges to surface water
NTR	National Toxics Rule
NTU	nephelometric turbidity unit(s)
O&M	operations and maintenance
P	phosphorus, total
PG&E	Pacific Gas and Electric Company
pg/L	picograms per liter
R-1	Rock Creek, 50 feet upstream of SMD 1 WWTP point of discharge
R-2	Rock Creek, just prior to confluence of Rock Creek and Dry Creek
RWQCB	California Regional Water Quality Control Board, Central Valley Region
sf	square feet
SMD 1	Sewer Maintenance District No. 1
SWRCB	State Water Resources Control Board
THM	trihalomethane
TTHM	total trihalomethanes
USEPA	United States Environmental Protection Agency. This agency is responsible for the implementation of the federal environmental program, as administered through the California Regional Water Quality Control Board
USGS	United States Geologic Survey
UV	ultraviolet light
WS	water surface
WWTP	Wastewater Treatment Plant
40 CFR Part 403	Federal pretreatment regulations promulgated under CWA

SECTION 1
INTRODUCTION

SECTION 1
INTRODUCTION

1.1 PURPOSE

The purpose of this section is to provide background information regarding the Placer County Department of Facility Services (County) Sewer Maintenance District 1 Wastewater Treatment Plant (SMD 1 WWTP) and describe how this application (Report of Waste Discharge) is organized.

1.2 BACKGROUND

The County owns and operates the SMD 1 WWTP. Treated effluent is discharged to Rock Creek, which is adjacent to the WWTP. The current waste discharge requirements are specified in Order No. R5-2005-0074, NPDES Permit No. CA00079316, Waste Discharge Requirements for Placer County Department of Facility Services Sewer Maintenance District No. 1 Wastewater Treatment Plant, Placer County (NPDES Permit).

Rock Creek is a small, perennial creek located in Placer County. Its headwaters originate at an elevation of approximately 1,600 feet near Interstate 80. From its headwaters, Rock Creek flows approximately 29,700 feet until its confluence with Dry Creek. Along its course, Rock Creek's discharge is increased seasonally by inflow from small, unnamed tributaries and releases of irrigation water by Nevada Irrigation District (NID) from Rock Creek Lake, and is augmented year-round by discharges from the SMD 1 WWTP. The SMD 1 WWTP outfall is located approximately 200 feet upstream of Dry Creek.

The waste discharge requirements, which were adopted by the California Regional Water Quality Control Board, Central Valley Region (RWQCB) on June 23, 2005, established a time schedule for compliance with new effluent limitations (Bis(2-ethyhexyl)pthalate, Bromodichloromethane, Copper, Dioxins and Furans, Lead, PCBs, Silver and Zinc). In addition, Cease and Desist Order No. R5-2005-0075, which was also adopted on June 23, 2005, established a time schedule for compliance with additional effluent limitations (Alachlor, Aluminum, Atrazine, Chloroform, MTBE, Manganese, Total Nitrate plus Nitrite (as Nitrogen), Pthalate Acid Esters (PAEs), Persistent Chlorinate Hydrocarbon Pesticides and Tributyltin) specified in the waste discharge requirements.

In order to comply with the existing effluent limitations for turbidity, nitrates and total coliform in the existing NPDES Permit and the Cease and Desist Order, the County awarded a contract to Owen Psomas in mid-2009 for preparation of a Preliminary Design Report for an Upgrade and Expansion to the SMD 1 WWTP. The County is considering obtaining a Clean Water State Revolving Fund Loan for the project. Design is scheduled to begin in late 2009. Construction is scheduled to begin in early 2011 and to be completed by December 2014. The improvements in this project will address each of the issues subject to compliance schedules in the existing NPDES Permit and Cease and Desist Order. The improvements are described in greater detail in Sections 2 and 3.

The County is applying for reissuance of National Pollutant Discharge Elimination System (NPDES) Permit No. CA00079316 for continued discharge of treated municipal wastewater effluent to Rock Creek from the SMD 1 WWTP. As part of that process, the County has prepared this Report of Waste Discharge. The Report of Waste Discharge includes the required State of California and U.S. Environmental Protection Agency forms, along with supplemental information requested by the RWQCB.

1.3 ORGANIZATION

The application is organized as follows:

- Section 2 contains completed copies of Form 200, Forms 1, and Form 2A (Parts A through F).
- Section 3 contains supplemental information requested by Regional Water Quality Control Board (RWQCB) staff at a July 27, 2009 meeting, including comments regarding the following:
  - ✓ Treatment Process Changes and
  - ✓ Compliance History

SECTION 2
APPLICATION FORMS

SECTION 2
APPLICATION FORMS

2.1 FORMS

This section presents the completed application forms along with addendums and figures that provide additional information. The following forms have been completed:

- California Form 200 Application/Report of Waste Discharge.
- EPA Form 1 General Information.
- EPA Form 2A:
  - ✓ Part A. Basic Information for All Applicants.
  - ✓ Part B. Additional Information for Applicants with a Design Flow Greater Than or Equal to 0.1 mgd.
  - ✓ Part C. Certification.
  - ✓ Part D. Expanded Effluent Testing Data.
  - ✓ Part E. Toxicity Testing Data (Chronic Toxicity).
  - ✓ Part E. Toxicity Testing Data (Acute Toxicity).
  - ✓ Part F. Industrial Discharges and RCRA/CERCLA Wastes.

Addendums are included after the completed forms for Parts A, B, D, E (Chronic and Acute Toxicity) and F. The addendums include information that, due to space constraints, cannot be shown on the forms, and to present the basis for estimates shown therein. Part G has not been completed since the County does not have a combined sewer system.

FORM 200

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

State of California
Regional Water Quality Control Board

APPLICATION/REPORT OF WASTE DISCHARGE
GENERAL INFORMATION FORM FOR
WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT

I. FACILITY INFORMATION

A. Facility:

Name: Sewer Maintenance District 1 Wastewater Treatment Plant			
Address: 11755 Joeger Road			
City: Auburn	County: Placer	State: CA	Zip Code: 95603
Contact Person: Bryan Kangas, Supervising Plant Operator		Telephone Number: (530) 886-1100	

B. Facility Owner:

Name: Placer County Department of Facility Services			Owner Type (Check One) 1. ☐ Individual 2. ☐ Corporation
Address: 11476 C Avenue			3. ☑ Governmental Agency 4. ☐ Partnership
City: Auburn	State: CA	Zip Code: 95603	5. ☐ Other:
Contact Person: Will Dickinson, Deputy Director for Dept. of Facility Services	Telephone Number: (530) 886-6846	Federal Tax ID: 94-6000527	

C. Facility Operator (The agency or business, not the person):

Name: Same as Facility Owner			Operator Type (Check One) 1. ☐ Individual 2. ☐ Corporation
Address:			3. ☑ Governmental Agency 4. ☐ Partnership
City:	State:	Zip Code:	5. ☐ Other:
Contact Person:	Telephone Number:		

D. Owner of the Land:

Name: Same as Facility Owner			Owner Type (Check One) 1. ☐ Individual 2. ☐ Corporation
Address:			3. ☑ Governmental Agency 4. ☐ Partnership
City:	State:	Zip Code:	5. ☐ Other:
Contact Person:	Telephone Number:		

E. Address Where Legal Notice May Be Served:

Address: Same as Facility Owner		
City:	State:	Zip Code:
Contact Person:	Telephone Number:	

F. Billing Address:

Address: Same as Facility Owner		
City:	State:	Zip Code:
Contact Person:	Telephone Number:	

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

State of California
Regional Water Quality Control Board

APPLICATION/REPORT OF WASTE DISCHARGE GENERAL INFORMATION FORM FOR WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT

II. TYPE OF DISCHARGE

Check Type of Discharge(s) Described in this Application (A or B):

☐ A. WASTE DISCHARGE TO LAND ☑ B. WASTE DISCHARGE TO SURFACE WATER

Check all that apply:

- ☑ Domestic/Municipal Wastewater Treatment and Disposal
- ☐ Cooling Water
- ☐ Mining
- ☐ Waste Pile
- ☐ Wastewater Reclamation
- ☐ Other, please describe: _____
- ☐ Animal Waste Solids
- ☐ Land Treatment Unit
- ☐ Dredge Material Disposal
- ☐ Surface Impoundment
- ☐ Industrial Process Wastewater
- ☐ Animal or Aquacultural Wastewater
- ☐ Biosolids/Residual
- ☐ Hazardous Waste (see instructions)
- ☐ Landfill (see instructions)
- ☐ Storm Water

III. LOCATION OF THE FACILITY

Describe the physical location of the facility.

1. Assessor's Parcel Number(s)	2. Latitude	3. Longitude
Facility: 076-080-003, 007,010, 012	Facility: 38 d 57 m 51 s	Facility: 121 d 06 m 34 s
Discharge Point: 076-080-003	Discharge Point: 38 d 57 m 55 s	Discharge Point: 121 d 06 m 15 s

IV. REASON FOR FILING

- ☐ New Discharge or Facility
- ☐ Changes in Ownership/Operator (see instructions)
- ☐ Change in Design or Operation
- ☑ Waste Discharge Requirements Update or NPDES Permit Reissuance
- ☑ Change in Quantity/Type of Discharge
- ☐ Other: _____

V. CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)

Name of Lead Agency: Placer County Department of Facility Services

Has a public agency determined that the proposed project is exempt from CEQA? ☐ Yes ☑ No

If Yes, state the basis for the exemption and the name of the agency supplying the exemption on the line below.

Basis for Exemption/Agency: _____

Has a "Notice of Determination" been filed under CEQA? ☐ Yes ☑ No

If Yes, enclose a copy of the CEQA document, Environmental Impact Report, or Negative Declaration. If no, identify the expected type of CEQA document and expected date of completion.

Expected CEQA Documents:

☑ EIR ☐ Negative Declaration Expected CEQA Completion Date: 2011

FORM 1

Please print or type in the unshaded areas only
(fill—in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved. OMB No. 2040-0086.

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill—in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill—in area*(s)* below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold—faced terms.

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a discharge to **waters of the U.S.**? (FORM 2A)	X		2A
B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a discharge to **waters of the U.S.**? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X	
D. Is this a proposed facility *(other than those described in A or B above)* which will result in a discharge to **waters of the U.S.**? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X	
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP: SEWER MAINTENANCE DISTRICT 1 WASTEWATER TREATMENT PLANT

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*: 2 BRYAN, KANGAS, SUPERVISING PLANT OPERATOR

B. PHONE *(area code & no.)*: (530) 886 1100

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX: 3 11476 C AVENUE

B. CITY OR TOWN: 4 AUBURN

C. STATE: CA

D. ZIP CODE: 95603

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER: 5 11755 JOEGER ROAD

B. COUNTY NAME: PLACER

C. CITY OR TOWN: 6 AUBURN

D. STATE: CA

E. ZIP CODE: 95603

F. COUNTY CODE *(if known)*:

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST	B. SECOND
4952 (specify) Treatment Works - Domestic Sewage	(specify)
C. THIRD	**D. FOURTH**
(specify)	(specify)

VIII. OPERATOR INFORMATION

A. NAME

PLACER COUNTY DEPARTMENT OF FACILITY SERVICES

B. Is the name listed in Item VIII-A also the owner? [X] YES [ ] NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)

F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC (other than federal or state)
O = OTHER (specify)

(specify)

D. PHONE (area code & no.)

A (530) 886 1100

E. STREET OR P.O. BOX

11476 C AVENUE

F. CITY OR TOWN

B AUBURN

G. STATE CA

H. ZIP CODE 95603

IX. INDIAN LAND

Is the facility located on Indian lands? [ ] YES [X] NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water) 9 N CA0079316

D. PSD (Air Emissions from Proposed Sources) 9 P

B. UIC (Underground Injection of Fluids) 9 U

E. OTHER (specify) 9 (specify)

C. RCRA (Hazardous Wastes) 9 R

E. OTHER (specify) 9 (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Treatment works treating domestic sewage.

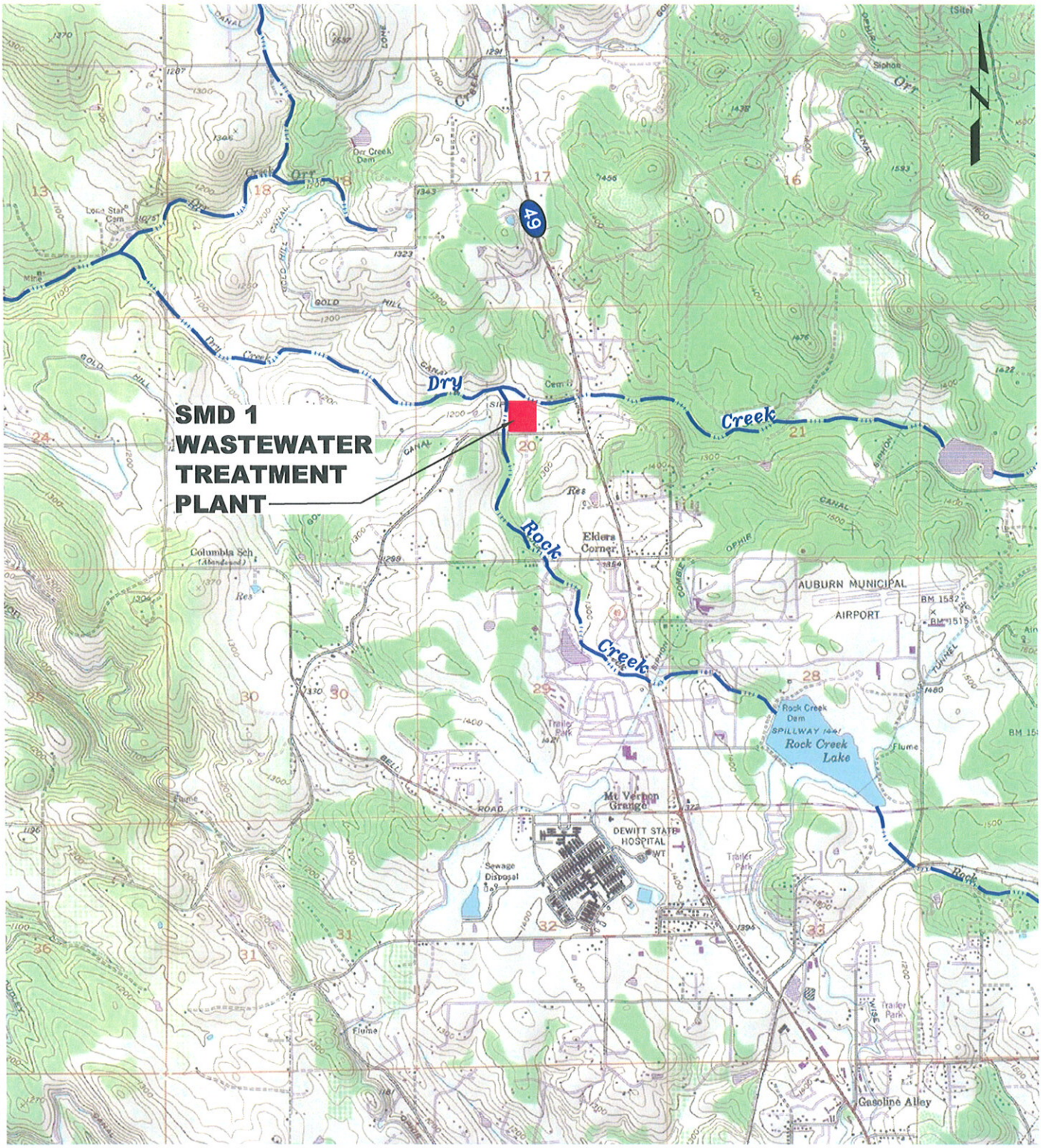
XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Will Dickinson, Deputy Director, Dept. of Facility Svcs.		

COMMENTS FOR OFFICIAL USE ONLY

C



PLACER COUNTY
SEWER MAINTENANCE DISTRICT 1 WWTP

VICINITY MAP

OWEN PSOMAS

FIGURE 1

SCALE: 1"=3000' DATE: 09/18/09 DRAWN BY: JAC CHECKED BY: SDH PROJECT NO. 6PLA170800.4

Filename:RWD.dwg, Plot Time: Sep 18, 2009 - 10:15am

09/18/09
Owen Psomas

FORM 2A
PART A

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name: Sewer Maintenance District 1 Wastewater Treatment Plant - See Addendum A

Mailing Address: 11476 C Avenue, Auburn, CA 95603

Contact person: Bryan Kangas

Title: Supervising Plant Operator

Telephone number: (530) 886-1100

Facility Address (not P.O. Box): 11755 Joeger Road, Auburn, CA 95603

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name: Placer County - Department of Facility Services

Mailing Address: 11476 C Avenue, Auburn, CA 95603

Contact person: Will Dickinson

Title: Deputy Director Department of Facility Services

Telephone number: (530) 886-4980

Is the applicant the owner or operator (or both) of the treatment works?

✔ owner ✔ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

_____ facility ✔ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES	CA0079316	PSD	
UIC		Other	
RCRA		Other	

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
County	16,770	Separate	Placer County
City	130	Separate	City of Auburn

Total population served 16,900 (Estimate)

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

_____ Yes ✓ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

_____ Yes ✓ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate 2.18 mgd

	2006	2007	2008	
b. Annual average daily flow rate	1.9	1.6	1.5	mgd
c. Maximum daily flow rate	6.6	5.1	3.9	mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

✓ Separate sanitary sewer	100 %
_____ Combined storm and sanitary sewer	_____ %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? ✓ Yes _____ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1
ii. Discharges of untreated or partially treated effluent _____
iii. Combined sewer overflow points _____
iv. Constructed emergency overflows (prior to the headworks) _____
v. Other _____ _____

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? _____ Yes ✓ No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge _____ continuous or _____ intermittent?

c. Does the treatment works land-apply treated wastewater? _____ Yes ✓ No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ Mgd

Is land application _____ continuous or _____ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? _____ Yes ✓ No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name: Not applicable

Mailing Address:

Contact person:

Title:

Telephone number:

For each treatment works that receives this discharge, provide the following:

Name: Not applicable

Mailing Address:

Contact person:

Title:

Telephone number:

If known, provide the NPDES permit number of the treatment works that receives this discharge.

Provide the average daily flow rate from the treatment works into the receiving facility. _____ mgd

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? _____ Yes ✓ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method:

Is disposal through this method _____ continuous or _____ intermittent?

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 **once for each outfall** (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. **If you answered "no" to question A.8.a**, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

a. Outfall number: 001

b. Location: Unincorporated (City or town, if applicable); 95603 (Zip Code); Placer County (County); CA (State); 38 degrees 57' 55" (Latitude); 121 degrees 06' 15" (Longitude)

c. Distance from shore (if applicable): 0.00 ft.

d. Depth below surface (if applicable): 0.00 ft.

e. Average daily flow rate: 1.6 mgd

f. Does this outfall have either an intermittent or a periodic discharge? ____ Yes ✔ No (go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs: ____

Average duration of each discharge: ____

Average flow per discharge: ____ mgd

Months in which discharge occurs: ____

g. Is outfall equipped with a diffuser? ____ Yes ✔ No

A.10. Description of Receiving Waters.

a. Name of receiving water: Rock Creek

b. Name of watershed (if known): Sacramento River

United States Soil Conservation Service 14-digit watershed code (if known): Unknown

c. Name of State Management/River Basin (if known): Unknown

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): Unknown

d. Critical low flow of receiving stream (if applicable):
acute 0.1 cfs chronic 2.1 cfs (See Addendum A)

e. Total hardness of receiving stream at critical low flow (if applicable): 48 to 98 mg/l of $CaCO_3$ (at R-1)

A.11. Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

✓ Primary ✓ Secondary

✓ Advanced _____ Other. Describe: _____

b. Indicate the following removal rates (as applicable):

Design BOD_5 removal or Design $CBOD_5$ removal	85	%
Design SS removal	85	%
Design P removal	0	%
Design N removal	0	%
Other _____	_____	%

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Chlorination

If disinfection is by chlorination, is dechlorination used for this outfall? (Yes) No

d. Does the treatment plant have post aeration? Yes (No)

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.0	s.u.			
pH (Maximum)	7.7	s.u.			
Flow Rate	5.1	mgd	1.6	mgd	1,078
Temperature (Winter)	65	F	58	F	274
Temperature (Summer)	82	F	75	F	285

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.								
BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	>13.3	mg/L	2.8	mg/L	781	SM2510B	3
	CBOD-5							
TOTAL COLIFORM		>1,600	MPN/100 ml	<2.0	MPN/100 ml	1,096	SM9221B	2
TOTAL SUSPENDED SOLIDS (TSS)		10.6	mg/L	1.1	mg/L	784	SM2540D	1

END OF PART A.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

ADDENDUM A – FORM 2A PART A

A.10 Receiving Water:

- Flows. Based on County flow measurements, between January 1, 2006 and December 31, 2008, the lowest Rock Creek flows at R-1 during each year were as follows:

Year	Lowest Daily Flow		Lowest 30-Day Average Flow	
	cfs	Date	cfs	Date
2006	0.1	11/5/06	2.1	12/3/06
2007	1.2	3/6/07	2.9	2/6/07, 2/7/07 & 2/8/07
2008	1.2	5/8/08 & 5/9/08	2.5	12/12/08

The historic lowest flow at R-1 was used to estimate the critical low flow of receiving stream "acute." The historic lowest 30-day average flow at R-1 was used to estimate the critical low flow of the receiving stream "chronic."

- Hardness. Based on grab samples collected in conjunction with quarterly bioassays between January 1, 2006 and December 31, 2008, the range in total hardness (as $CaCO_3$) at R-1 was as follows:

Year	Hardness (mg/L) at R-1	
	Winter (January 1 – April 15 and December 15 – December 31)	Summer (April 16 – December 14)
2006	No Data	30 to 44
2007	70 to 98	20 to 48
2008	48 to 78	24 to 50

It is difficult to estimate the hardness in Rock Creek at R-1 during the critical low flow periods for several reasons:

- ✓ Lack of Data. Monitoring and Reporting Program No. R5-2005-0074 does not require analysis of samples to determine the total hardness in Rock Creek at R-1. Hardness data is only available from the grab samples collected at R-1 in conjunction with quarterly bioassays.

- ✓ NID Releases. Creek flows have been augmented by releases from the NID system throughout this period. Based on the NID Water Quality Report for 2008, the NID water supply has a hardness of 22 mg/L (as $CaCO_3$). In general, NID releases to Rock Creek above the SMD 1 WWTP outfall amount to approximately the following:

  - January 1 through April 15: 3 cfs.
  - April 16 through December 15: 5 cfs.
  - December 15 through December 31: cfs.

Based on the limited (7) samples collected during the winter period (when NID releases are lowest), the background hardness in Rock Creek during the critical low flow period is estimated to range between 48 and 98 mg/L. However, these concentrations are probably lower than background due to the low hardness in the NID water.

A.12 Effluent Testing Information. The data presented in this subsection is for July 1 2006 through June 30, 2009.

Notes:

ND: Less than the laboratory reporting limit.

1. Total Coliform data is presented in lieu of Fecal Coliform data. Fecal Coliform is not included because analyses for this constituent are not performed or required.

2. In lieu of an average daily Total Coliform levels, the median Total Coliform concentration for July 1, 2006 and June 30, 2009 is shown.

FORM 2A
PART B

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

6,700,000.00 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

Ongoing smoke testing and CCTV inspection program, and related repairs to collection system. It is too early to evaluate the effectiveness of the County's corrective steps. See Addendum B for additional information.

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

a. The area surrounding the treatment plant, including all unit processes.

b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.

c. Each well where wastewater from the treatment plant is injected underground.

d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.

e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.

f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g, chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ____Yes ✓ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

_____

Telephone Number: _____

Responsibilities of Contractor: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

001

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

✓ Yes ____No

c If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).
See Addendum B

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM / DD / YYYY	Actual Completion MM / DD / YYYY
-- Begin construction	1 / 15 /2011	___/___/_____
-- End construction	12/ 31 / 2014	___/___/_____
-- Begin discharge	1 / 1 / 2015	___/___/_____
-- Attain operational level	2 / 1 / 2015	___/___/_____

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ____Yes ✓ No

Describe briefly: None anticipated

B.6. EFFLUENT TESTING DATA (GREATER THAN O.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: 001

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE				
	Conc.	Units	Conc.	Units	Number of Samples	ANALYTICAL METHOD	ML / MDL
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)	15.1	mg/L	2.4	mg/L	1,094	EPA 350.1	0.1-0.5
CHLORINE (TOTAL RESIDUAL, TRC)	7.5	mg/L	< 0.02	mg/L	1,095	SM4500CL-D	0.1-0.2
DISSOLVED OXYGEN	----------	----------	-----NO DATA	----------	----------	----------	----------
TOTAL KJELDAHL NITROGEN (TKN)	----------	----------	-----NO DATA	----------	----------	----------	----------
NITRATE PLUS NITRITE NITROGEN	49.0	mg/L	14.3	mg/L	1,094	EPA 353.2	0.1-21.9
OIL and GREASE	<10.0	mg/L	<5.0	mg/L	17	EPA 1664A	4.9-10
PHOSPHORUS (Total)	8.6	mg/L	4.5	mg/L	3	EPA365.3/SM4500	0.09-0.38
TOTAL DISSOLVED SOLIDS (TDS)	486	mg/L	374	mg/L	39	SM2540C	10
OTHER							

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

ADDENDUM B – FORM 2A PART B

B.1 Inflow and Infiltration (I/I). The magnitude of existing I/I has been estimated based on SMD 1 WWTP flow records and the results from sewer flow measurements. Based on SMD 1 WWTP records, current maximum day wet weather flow is estimated at approximately 8.4 mgd and the current average dry weather flow is estimated at approximately 1.6 mgd. Accordingly, by subtraction, maximum day I/I is estimated at approximately 6.7 mgd (= 8.4 mgd – 1.7 mgd).

B.2 Topographic Map. The existing topography in the SMD 1 WWTP vicinity is shown in Figure 1. The existing site plan is shown in Figure 3-1 in Section 3.

B.3 Process Flow Diagram or Schematic. The existing liquid process schematic is shown in Figure 3-2 in Section 3. As shown therein, the existing treatment system includes primary, secondary, and tertiary treatment processes. The liquid processing facilities include primary clarifiers, rotating biological contactors, trickling filters, intermediate and final clarifiers, gravity tertiary filters and chlorination for disinfection followed by de-chlorination. Magnesium hydroxide is added to the primary clarifier effluent to provide alkalinity required for nitrification. Solids processing includes anaerobic digestion and sludge dewatering using belt press or sludge drying beds. Sludge is disposed of at a landfill.

The future liquid process schematic is shown in Figure 3-3 in Section 3. As shown therein, the future treatment system will also include primary, secondary, and tertiary treatment processes. The liquid processing facilities will include a headworks, primary clarifiers, flow equalization, aeration basins (which include anoxic and oxic selectors for biological nutrient removal), secondary clarifiers, tertiary filters (or alternatively a membrane bioreactor), ultraviolet (UV) disinfection, and effluent post-aeration. Dewatered sludge will continue to be disposed of at a landfill.

B.5 Scheduled Improvements. The treatment plant improvements currently proposed for the Upgrade & Expansion project are comprehensive and include the following:

- New headworks.
- New primary clarifiers.
- New aeration basins.
- New secondary clarifiers and tertiary filters (or new membrane bioreactor facilities).
- New UV disinfection system.
- New post-disinfection effluent aeration system.
- New control and SCADA system.
- New operations control building.
- Other miscellaneous improvements (including non-potable supply, storm drainage system and chemical storage tanks).

B.6 **Effluent Testing Data.** The data presented in this subsection is for July 1, 2006 through June 30, 2009. Total Kjeldahl Nitrogen is not available since effluent analyses are not performed or required.

Notes:

1. N/A: Data is not available because analyses for this constituent are not performed.

2. Unless reported directly by the laboratory, the Nitrite plus Nitrate concentration equals the sum of the concentrations for each constituent. If Nitrite was not detected, the Nitrite plus Nitrate concentration equals the Nitrate concentration.

FORM 2A
PART C

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

✓ Basic Application Information packet

Supplemental Application Information packet:

✓ Part D (Expanded Effluent Testing Data)

✓ Part E (Toxicity Testing: Biomonitoring Data)

✓ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

____ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title: Will Dickinson, Deputy Director Department of Facility Services

Signature: _____

Telephone number: (530) 886-6846

Date signed: _____

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

FORM 2A
PART D

Form Approved 1/14/99
OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE						
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	ML/ MDL
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.											
ANTIMONY	0.481	ug/L	0.00875	lb/day	1.28	ug/L	0.0232	lb/day	5	FGS-054 & EPA 200.8 & 6010B	0.02 - 10
ARSENIC	21.5	ug/L	0.391	lb/day	5.79	ug/L	0.105	lb/day	4	EPA 200.8 & 6010B	0.15
BERYLLIUM	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	4	FGS-054 & EPA 6010B	0.06 - 5
CADMIUM	0.036	ug/L	0.00065	lb/day	1.0	ug/L	0.02	lb/day	5	FGS-054 & EPA 200.8 & 6010B	0.02 - 10
CHROMIUM	0.16	ug/L	0.0029	lb/day	1.1	ug/L	0.02	lb/day	5	FGS-054 & EPA 200.8 & 6010B	0.1 - 10
COPPER	10.1	ug/L	0.398	lb/day	3.69	ug/L	0.0671	lb/day	19	FGS-054 & EPA 200.8 & 6010B	0.1 - 20
LEAD	1.24	ug/L	0.458	lb/day	2.03	ug/L	0.0370	lb/day	19	FGS-054 & EPA 200.8 & 6010B	0.04 - 10
MERCURY	3.23	ng/L	0.0000587	lb/day	22.6	ng/L	0.000412	lb/day	14	FGS-069 & EPA 245.1 & 7470A	0.5 - 250
NICKEL	2.7	ug/L	0.049	lb/day	3.1	ug/L	0.056	lb/day	4	FGS-054 & EPA 200.8 & 6010B	0.1 & 10
SELENIUM	1.2	ug/L	0.022	lb/day	3.1	ug/L	0.056	lb/day	4	FGS-054 & EPA 200.8 & 6010B	0.6 & 20
SILVER	0.02	ug/L	0.0004	lb/day	1	ug/L	0.02	lb/day	19	FGS-054 & EPA 200.8 & 6010B	0.02 - 20.1
THALLIUM	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	4	EPA 200.8 & 6010B	0.005 - 20
ZINC	34.9	ug/L	0.87	lb/day	27	ug/L	0.49	lb/day	19	FGS-054 & EPA 200.8	0.2 - 20
CYANIDE	0.01	mg/L	0.2	lb/day	3	mg/L	60.7	lb/day	3	EPA 335.2 & SM 4500-CN-1	0.005 & 20
TOTAL PHENOLIC COMPOUNDS	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	11	EPA 8270C & EPA 625 & 8151A	0.1 - 30
HARDNESS (AS $CaCO_3$)	301	mg/L	5473	lb/day	227	mg/L	4133	lb/day	23	FGS-054 & SM2340B	0.05 - 25
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.											

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE						
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	ML/ MDL
VOLATILE ORGANIC COMPOUNDS.											
ACROLEIN	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	2	EPA 624 & 8260B	2
ACRYLONITRILE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	2	EPA 624 & 8260B	2
BENZENE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	6	EPA 624 & 8260B	0.5
BROMOFORM	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	6	EPA 624 & 8260B	0.5
CARBON TETRACHLORIDE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	6	EPA 624 & 8260B	0.5
CLOROBENZENE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	6	EPA 624 & 8260B	0.5
CHLORODIBROMO-METHANE	0.97	ug/L	0.018	lb/day	0.39	ug/L	0.0071	lb/day	7	EPA 624 & 8260B	0.5
CHLOROETHANE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	6	EPA 624 & 8260B	0.5
2-CHLORO-ETHYLVINYL ETHER	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	2	EPA 624	1 & 0.5
CHLOROFORM	99	ug/L	1.8	lb/day	24	ug/L	0.43	lb/day	23	EPA 624 & 8260B	1
DICHLOROBROMO-METHANE	14	ug/L	0.25	lb/day	3.4	ug/L	0.062	lb/day	24	EPA 624 & 8260B	0.5
1,1-DICHLOROETHANE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	6	EPA 624 & 8260B	0.5
1,2-DICHLOROETHANE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	5	EPA 624 & 8260B	0.5
TRANS-1,2-DICHLORO-ETHYLENE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	5	EPA 624 & 8260B	0.5
1,1-DICHLOROETHYLENE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	5	EPA 624 & 8260B	0.5
1,2-DICHLOROPROPANE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	6	EPA 624 & 8260B	0.5
1,3-DICHLORO-PROPYLENE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	5	EPA 624 & 8260B	0.5
ETHYLBENZENE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	6	EPA 624 & 8260B	0.5
METHYL BROMIDE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	5	EPA 624 & 8260B	0.5
METHYL CHLORIDE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	5	EPA 624 & 8260B	0.5 & 5
METHYLENE CHLORIDE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	6	EPA 624 & 8260B	0.5 & 5
1,1,2,2-TETRACHLORO-ETHANE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	6	EPA 624 & 8260B	0.5
TETRACHLORO-ETHYLENE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	5	EPA 624 & 8260B	0.5
TOLUENE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	6	EPA 624 & 8260B	0.5

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE						
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	ML/ MDL
1,1,1-TRICHLOROETHANE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	6	EPA 624 & 8260B	0.5
1,1,2-TRICHLOROETHANE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	6	EPA 624 & 8260B	0.5
TRICHLORETHYLENE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	6	EPA 624 & 8260B	0.5
VINYL CHLORIDE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	6	EPA 624 & 8260B	0.5
Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer.											
ACID-EXTRACTABLE COMPOUNDS											
P-CHLORO-M-CRESOL	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	9	EPA 625 & 8270C	0.1 - 5
2-CHLOROPHENOL	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	10	EPA 625 & 8270C	0.1 - 5
2,4-DICHLOROPHENOL	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	10	EPA 625 & 8270C	0.1 - 5
2,4-DIMETHYLPHENOL	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	10	EPA 625 & 8270C	0.1 - 5
4,6-DINITRO-O-CRESOL	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	10	EPA 625 & 8270C	0.1 - 30
2,4-DINITROPHENOL	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	10	EPA 625 & 8270C	0.1 - 30
2-NITROPHENOL	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	10	EPA 625 & 8270C	0.1 - 10
4-NITROPHENOL	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	10	EPA 625 & 8270C	0.1 - 10
PENTACHLOROPHENOL	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	11	EPA 625, 8151A, & 8270C	0.1 - 5
PHENOL	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	10	EPA 625 & 8270C	0.1 - 5
2,4,6-TRICHLOROPHENOL	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	10	EPA 625 & 8270C	0.1 - 10
Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.											
BASE-NEUTRAL COMPOUNDS.											
ACENAPHTHENE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	10	EPA 625 & 8270C	0.1 - 5
ACENAPHTHYLENE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	10	EPA 625 & 8270C	0.1 - 5
ANTHRACENE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	10	EPA 625 & 8270C	0.1 - 5
BENZIDINE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	10	EPA 625 & 8270C	0.1 - 10
BENZO(A)ANTHRACENE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	10	EPA 625 & 8270C	0.1 - 5
BENZO(A)PYRENE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	10	EPA 625 & 8270C	0.1 - 10

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE						
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	ML/ MDL
3,4 BENZO-FLUORANTHENE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	10	EPA 625 & 8270C	0.1 - 5
BENZO(GHI)PERYLENE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	9	EPA 625 & 8270C	0.1 - 5
BENZO(K)FLUORANTHENE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	10	EPA 625 & 8270C	0.1 - 10
BIS (2-CHLOROETHOXY) METHANE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	10	EPA 625 & 8270C	0.1 - 5
BIS (2-CHLOROETHYL)-ETHER	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	9	EPA 625 & 8270C	0.1 - 5
BIS (2-CHLOROISO-PROPYL) ETHER	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	10	EPA 625 & 8270C	0.1 - 5
BIS (2-ETHYLHEXYL) PHTHALATE	18	ug/L	0.33	lb/day	2.1	ug/L	0.038	lb/day	23	EPA 625 & 8270C	0.1 - 14
4-BROMOPHENYL PHENYL ETHER	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	10	EPA 625 & 8270C	0.1 - 5
BUTYL BENZYL PHTHALATE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	23	EPA 625 & 8270C	0.1 - 10
2-CHLORONAPHTHALENE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	10	EPA 625 & 8270C	0.1 - 5
4-CHLORPHENYL PHENYL ETHER	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	10	EPA 625 & 8270C	0.1 - 5
CHRYSENE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	10	EPA 625 & 8270C	0.1 - 5
DI-N-BUTYL PHTHALATE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	23	EPA 625 & 8270C	0.1 - 10
DI-N-OCTYL PHTHALATE	20	ug/L	0.36	lb/day	1.7	ug/L	0.032	lb/day	23	EPA 625 & 8270C	0.1 - 5
DIBENZO(A,H) ANTHRACENE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	10	EPA 625 & 8270C	0.1 - 10
1,2-DICHLOROBENZENE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	7	EPA 625 & 8270C	0.5 - 5
1,3-DICHLOROBENZENE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	7	EPA 625 & 8270C	0.5 - 5
1,4-DICHLOROBENZENE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	10	EPA 625 & 8270C	0.2 - 5
3,3-DICHLOROBENZIDINE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	10	EPA 625 & 8270C	0.1 - 5
DIETHYL PHTHALATE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	23	EPA 625 & 8270C	0.1 - 10
DIMETHYL PHTHALATE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	14	EPA 625 & 8270C	0.1 - 10
2,4-DINITROTOLUENE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	10	EPA 625 & 8270C	0.1 - 5
2,6-DINITROTOLUENE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	9	EPA 625 & 8270C	0.1 - 5
1,2-DIPHENYLHYDRAZINE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	3	EPA 625 & 8270C	1 & 5

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE						
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	ML/ MDL
FLUORANTHENE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	10	EPA 625 & 8270C	0.1 - 5
FLUORENE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	10	EPA 625 & 8270C	0.1 - 5
HEXACHLOROBENZENE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	19	EPA 625 & 8270C	0.1 - 5
HEXACHLOROBUTADIENE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	10	EPA 624, 625, & 8270C	0.1 - 5
HEXACHLOROCYCLO-PENTADIENE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	19	EPA 625 & 8270C	0.1 - 20
HEXACHLOROETHANE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	10	EPA 625 & 8270C	0.1 - 5
INDENO(1,2,3-CD)PYRENE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	10	EPA 625 & 8270C	0.1 - 10
ISOPHORONE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	10	EPA 625 & 8270C	0.1 - 5
NAPHTHALENE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	10	EPA 625 & 8270C	0.1 - 5
NITROBENZENE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	10	EPA 625 & 8270C	0.1 - 5
N-NITROSODI-N-PROPYLAMINE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	10	EPA 625 & 8270C	0.1 - 5
N-NITROSODI- METHYLAMINE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	10	EPA 625 & 8270C	0.1 - 5
N-NITROSODI-PHENYLAMINE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	10	EPA 625 & 8270C	0.1 - 5
PHENANTHRENE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	10	EPA 625 & 8270C	0.1 - 5
PYRENE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	10	EPA 625 & 8270C	0.1 - 5
1,2,4-TRICHLOROBENZENE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	10	EPA 625 & 8270C	0.1 - 5

Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.

Use this space (or a separate sheet) to provide information on other pollutants (e.g., pesticides) requested by the permit writer.

END OF PART D.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:
SMD 1 WWTP, NPDES No. CA0079316

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE						
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	ML/ MDL
ADDITIONAL CONSTITUENTS											
ALUMINUM	162	ug/L	2.95	lb/day	56.2	ug/L	1.02	lb/day	24	FGS-054 & EPA 200.8 & 6010B	4 - 50
IRON	94	ug/L	1.71	Lb/day	57.1	Ug/L	1.04	Lb/day	18	FGS-054 & EPA 200.7	10-50
MANGANESE	35.2	ug/L	0.640	lb/day	21.3	ug/L	0.387	lb/day	22	FGS-054 & EPA 200.8 & 6010B	0.1 & 10
ALACHLOR	0	ug/L	0	lb/day	0.2	ug/L	0	lb/day	13	EPA 525.2 & 8270C	0.1 - 1.25
ATRAZINE	0	ug/L	0	lb/day	0.2	ug/L	0	lb/day	16	EPA 525.2 & 8270C	0.1 - 2
MTBE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	21	EPA 524.2 & 624	0.5 - 3
2,4,5 TP (SILVEX)	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	9	EPA 8151A	0.5 - 1
2,4-D	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	9	EPA 8151A	0.4 - 10
DELTA-BHC	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	21	EPA 608 & 8081A	0.0025 - 0.05
GAMMA-CHLORDANE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	19	EPA 8081A	0.012 - 0.47
DALAPON	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	9	EPA 8151A	0.6 - 10
DINOSEP	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	9	EPA 8151A	0.4 - 2
DDE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	20	EPA 608 & 8081A	0.0025 - 0.05
ENDOSULFAN I	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	21	EPA 608 & 8081A	0.0017 - 0.047
ENDOSULFAN II	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	21	EPA 608 & 8081A	0.0019 - 0.047
HEPTACHLOR EPOXIDE	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	20	EPA 608 & 8081A	0.0019 - 0.024
TRIBUTYLIN	0.0011	ug/L	0.000020	lb/day	0.028	ug/L	0.00052	lb/day	22	GC/MS & GC/FPD	0.002 - 0.1
2,3,7,8-TCDD	ND	pg/L	ND	lb/day	ND	pg/L	ND	lb/day	10	EPA 1613	0.0231 - 3.5/ 0.56 - 0.84
AROCHLOR 1016	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	20	EPA 608 & 8082	0.08 - 1
AROCHLOR 1221	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	20	EPA 608 & 8082	0.06 - 2

FACILITY NAME AND PERMIT NUMBER:
SMD 1 WWTP, NPDES No. CA0079316

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE						
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	ML/ MDL
ADDITIONAL CONSTITUENTS											
AROCHLOR 1260	ND	ug/L	ND	lb/day	ND	ug/L	ND	lb/day	20	EPA 608 & 8082	0.04 - 1
OCDD	9.41	pg/L	0.000000171	lb/day	4.33	pg/L	0.0000000787	lb/day	10	EPA 1613	0.634 – 13.8 / 1.87 – 2.45
1,2,3,4,7,8,9-HP CDF	ND	pg/L	ND	lb/day	ND	pg/L	ND	lb/day	10	EPA 1613	0.485 – 3.32 / 0.56 – 1.52
1,2,3,4,6,7,8-HP CDD	ND	pg/L	ND	lb/day	ND	pg/L	ND	lb/day	10	EPA 1613	0.864 – 6.11 / 0.826 – 2.01
OCDF	ND	pg/L	ND	lb/day	ND	pg/L	ND	lb/day	10	EPA 1613	0.497 – 10.6 / 1.78 – 4.2

ADDENDUM D – FORM 2A PART D

1. In the calculation of average daily discharge, if the daily concentration was less than the laboratory's reporting limit, the laboratory's estimate of the concentration was used when available. If no estimate was available, one-half of the method detection limit was used based on a review of recent NPDES permits approved by the RWQCB.

2. ND = The average or maximum concentration was less than the laboratory's reporting limit.

3. The mass emission rate based upon the permitted design capacity of 2.18 mgd and the concentration shown.

4. See attached table for additional effluent testing data.

FORM 2A
PART E (ACUTE TOXICITY)

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

60 chronic 18 acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Acute Test number: N/A Test number: N/A Test number: N/A

a. Test information.

Test species & test method number	O. mykiss EPA/600/4-90/027F	O. mykiss EPA/600/4-90/027F	O. mykiss EPA/600/4-90/027F
Age at initiation of test	1 day	1 day	1 day
Outfall number	001	001	001
Dates sample collected	1/10/05, 1/12/05	3/7/05, 3/9/05	7/11/05, 7/13/05
Date test started	1/11/05	3/8/05	7/12/05
Duration	96 hours	96 hours	96 hours

b. Give toxicity test methods followed.

Manual title	See Addendum	See Addendum	See Addendum
Edition number and year of publication	4th/1993	4th/1993	4th/1993
Page number(s)	38-41	38-41	38-41

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite	X	X	X
Grab			

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection	X	X	X
After dechlorination	X	X	X

	Test number: N/A	Test number: N/A	Test number: N/A
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	Outfall	Outfall	Outfall
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity			
Acute toxicity	X	X	X
g. Provide the type of test performed.			
Static	X	X	X
Static-renewal			
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source. N/A			
Laboratory water			
Receiving water			
i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used. N/A			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
	100	100	100
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH	7.89, 7.41	7.74, 7.68	7.42, 7.36
Salinity (ppt)	0.3, 0.2	0.3, 0.4	0.3, 0.3
Temperature (°C)	12.3, 6.6	6.0, 9.0	8.5, 10.8
Ammonia (mg/L N)	0.27, 0.40	<0.01, 3.61	0.53, 0.49
Dissolved oxygen (mg/L)	10.0, 10.9	10.2, 10.8	11.3, 9.8
l. Test Results.			
Acute:			
Percent survival in 100% effluent	100 %	100 %	100 %
LC_{50}	N/A	N/A	N/A
95% C.I.	N/A %	N/A %	N/A %
Control percent survival	100 %	100 %	100 %
Other (describe)	N/A	N/A	N/A

Chronic: N/A

NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	Yes	Yes	Yes
Was reference toxicant test within acceptable bounds?	Yes	Yes	Yes
What date was reference toxicant test run (MM/DD/YYYY)?	01/11/2005	03/08/2005	
Other (describe)	N/A	N/A	N/A

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes X No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: N/A (MM/DD/YYYY)

Summary of results: (see instructions)

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

60 chronic 18 acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Acute Test number: N/A Test number: N/A Test number: N/A

a. Test information.

Test species & test method number	O. mykiss EPA/600/4-90/027F	P. promelas EPA 821/R-02/012	P. promelas EPA 821/R-02/012
Age at initiation of test	1 day	1 day	1 day
Outfall number	001	001	001
Dates sample collected	9/14/05, 9/16/05	3/13/06	4/5/06
Date test started	9/14/05	3/13/06	4/6/06
Duration	96 hours	96 hours	96 hours

b. Give toxicity test methods followed.

Manual title	See Addendum	See Addendum	See Addendum
Edition number and year of publication	4th/1993	5th/2002	5th/2002
Page number(s)	38-41	185-200	185-200

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite	X	X	X
Grab			

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection	X	X	X
After dechlorination	X	X	X

	Test number: N/A	Test number: N/A	Test number: N/A
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	Outfall	Outfall	Outfall
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity			
Acute toxicity	X	X	X
g. Provide the type of test performed.			
Static	X	X	X
Static-renewal			
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source. N/A			
Laboratory water			
Receiving water			
i. Type of dilution water. It salt water, specify "natural" or type of artificial sea salts or brine used. N/A			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
	100	100	100
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH	7.28, 7.41	7.6	7.6, 7.6
Salinity (ppt)	0.3, 0.3	0.4	0.1, 0.1
Temperature (°C)	7.9, 6.9	1.5	7.0, 7.0
Ammonia (mg/L N)	<1.0, <1.0	160	4.70, 3.30
Dissolved oxygen (mg/L)	11.4, 10.4	10.8	10.7, 11.3
l. Test Results.			
Acute:			
Percent survival in 100% effluent	100 %	95 %	70 %
LC_{50}	N/A	>100	>100
95% C.I.	N/A %	N/A %	N/A %
Control percent survival	100 %	100 %	95 %
Other (describe)	N/A	N/A	N/A

Chronic: N/A

NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	Yes	Yes	Yes
Was reference toxicant test within acceptable bounds?	Yes	Yes	Yes
What date was reference toxicant test run (MM/DD/YYYY)?	09/14/2005	03/13/2006	04/06/2006
Other (describe)	N/A	N/A	N/A

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes X No If yes, describe: _____

_____

_____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: N/A (MM/DD/YYYY)

Summary of results: (see instructions)

_____

_____

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
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- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

60 chronic 18 acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Acute Test number: N/A Test number: N/A Test number: N/A

a. Test information.

Test species & test method number	P. promelas EPA 821/R-02/012	P. promelas EPA 821/R-02/012	P. promelas EPA 821/R-02/012
Age at initiation of test	1 day	1 day	1 day
Outfall number	001	001	001
Dates sample collected	8/21/06	10/16/06 – 10/18/06	3/19/07 – 3/21/07
Date test started	8/21/06	10/16/06	3/20/07
Duration	96 hours	96 hours	96 hours

b. Give toxicity test methods followed.

Manual title	See Addendum	See Addendum	See Addendum
Edition number and year of publication	5th/2002	5th/2002	5th/2002
Page number(s)	185-200	185-200	185-200

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite	X	X	X
Grab			

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection	X	X	X
After dechlorination	X	X	X

	Test number: N/A	Test number: N/A	Test number: N/A
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	Outfall	Outfall	Outfall
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity			
Acute toxicity	X	X	X
g. Provide the type of test performed.			
Static	X	X	X
Static-renewal			
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source. N/A			
Laboratory water			
Receiving water			
i. Type of dilution water. It salt water, specify "natural" or type of artificial sea salts or brine used. N/A			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
	100	100	100
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH	7.3, 7.4	7.4, 7.2	6.9, 7.3
Salinity (ppt)	0.4, 0.4	0.3, 0.4	0.3, 0.3
Temperature (°C)	11.0, 10.0	2.1, 2.0	11.0, 7.3
Ammonia (ppm as N)	0.05, 0.05	0.24, 0.18	5.20, 3.50
Dissolved oxygen (mg/L)	7.2, 9.9	9.7, 10.2	8.5, 7.2
l. Test Results.			
Acute:			
Percent survival in 100% effluent	100 %	100 %	100 %
LC_{50}	>100	>100	>100
95% C.I.	N/A %	N/A %	N/A %
Control percent survival	100 %	100 %	100 %
Other (describe)	N/A	N/A	N/A

Chronic: N/A

NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	Yes	Yes	Yes
Was reference toxicant test within acceptable bounds?	Yes	Yes	Yes
What date was reference toxicant test run (MM/DD/YYYY)?	08/21/2006	10/16/2006	03/20/2007
Other (describe)	N/A	N/A	N/A

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes __X__No If yes, describe: _____

_____

_____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: N/A (MM/DD/YYYY)

Summary of results: (see instructions)

_____

_____

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

60 chronic 18 acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Acute Test number: N/A Test number: N/A Test number: N/A

a. Test information.

Test species & test method number	P. promelas EPA 821/R-02/012	P. promelas EPA 821/R-02/012	P. promelas EPA 821/R-02/012
Age at initiation of test	1 day	1 day	1 day
Outfall number	001	001	001
Dates sample collected	6/11/07 – 6/13/07	8/6/07 – 8/8/07	12/10/07, 12/12/07
Date test started	6/11/07	8/6/07	12/11/07
Duration	96 hours	96 hours	96 hours
b. Give toxicity test methods followed.			
Manual title	See Addendum	See Addendum	See Addendum
Edition number and year of publication	5th/2002	5th/2002	5th/2002
Page number(s)	185-200	185-200	185-200
c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.			
24-Hour composite	X	X	X
Grab			
d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)			
Before disinfection			
After disinfection	X	X	X
After dechlorination	X	X	X

	Test number: N/A	Test number: N/A	Test number: N/A
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	Outfall	Outfall	Outfall
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity			
Acute toxicity	X	X	X
g. Provide the type of test performed.			
Static	X	X	X
Static-renewal			
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source. N/A			
Laboratory water			
Receiving water			
i. Type of dilution water. It salt water, specify "natural" or type of artificial sea salts or brine used. N/A			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
	100	100	100
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH	7.3, 7.4	7.6, 7.5	7.40, 7.40
Salinity (ppt)	0.3, 0.3	0.3, 0.3	0.30, 0.40
Temperature (°C)	7.0, 12.0	12.0, 9.0	5.00, 4.00
Ammonia (ppm as N)	0.55, 1.02	0.06, 0.14	0.76, 0.07
Dissolved oxygen (mg/L)	10.0, 10.1	12.0, 8.6	9.50, 10.30
l. Test Results.			
Acute:			
Percent survival in 100% effluent	95 %	95 %	100 %
LC_{50}	>100	>100	>100
95% C.I.	N/A %	N/A %	N/A %
Control percent survival	90 %	100 %	100 %
Other (describe)	N/A	N/A	N/A

Chronic: N/A

NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	Yes	Yes	Yes
Was reference toxicant test within acceptable bounds?	Yes	Yes	Yes
What date was reference toxicant test run (MM/DD/YYYY)?	6/11/2007	8/6/2007	12/11/2007
Other (describe)	N/A	N/A	N/A

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes X No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: N/A (MM/DD/YYYY)

Summary of results: (see instructions)

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

60 chronic 18 acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Acute Test number: N/A Test number: N/A Test number: N/A

a. Test information.

Test species & test method number	P. promelas EPA 821/R-02/012	P. promelas EPA 821/R-02/012	P. promelas EPA 821/R-02/012
Age at initiation of test	1 day	1 day	1 day
Outfall number	001	001	001
Dates sample collected	1/14/08, 1/16/08	4/14/08, 4/16/08	8/11/08, 8/13/08
Date test started	1/14/08	4/14/08	8/12/08
Duration	96 hours	96 hours	96 hours

b. Give toxicity test methods followed.

Manual title	See Addendum	See Addendum	See Addendum
Edition number and year of publication	5th/2002	5th/2002	5th/2002
Page number(s)	185-200	185-200	185-200

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite	X	X	X
Grab			

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection	X	X	X
After dechlorination	X	X	X

	Test number: N/A	Test number: N/A	Test number: N/A
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	Outfall	Outfall	Outfall
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity			
Acute toxicity	X	X	X
g. Provide the type of test performed.			
Static	X	X	X
Static-renewal			
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source. N/A			
Laboratory water			
Receiving water			
i. Type of dilution water. It salt water, specify "natural" or type of artificial sea salts or brine used. N/A			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
	100	100	100
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH	7.40, 7.40	7.0, 6.5	7.2, 7.4
Salinity (ppt)	0.30, 0.30	0.3, 0.3	0.3, 0.3
Temperature (°C)	4.80, 4.00	8.5, 6.0	9.1, 12.0
Ammonia (ppm as N)	0.04, 0.62	1.80, 2.80	<0.03 mg/L, 0.11
Dissolved oxygen (mg/L)	9.40, 9.80	10.6, 6.7	10.2, 9.5
l. Test Results.			
Acute:			
Percent survival in 100% effluent	95 %	100 %	100 %
LC_{50}	>100	>100	>100
95% C.I.	N/A %	N/A %	N/A %
Control percent survival	90 %	95 %	100 %
Other (describe)	N/A	N/A	N/A

Chronic: N/A

NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	Yes	Yes	Yes
Was reference toxicant test within acceptable bounds?	Yes	Yes	Yes
What date was reference toxicant test run (MM/DD/YYYY)?	01/14/2008	04/14/2008	08/12/2008
Other (describe)	N/A	N/A	N/A

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes X No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: N/A (MM/DD/YYYY)

Summary of results: (see instructions)

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

60 chronic 18 acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Acute Test number: N/A Test number: N/A Test number: N/A

a. Test information.

Test species & test method number	P. promelas EPA 821/R-02/012	P. promelas EPA 821/R-02/012	P. promelas EPA 821/R-02/012
Age at initiation of test	1 day	1 day	1 day
Outfall number	001	001	001
Dates sample collected	10/06/08, 10/08/08	1/26/09 – 1/28/09	6/8/09, 6/10/09
Date test started	10/06/08	1/26/09	6/8/09
Duration	96 hours	96 hours	96 hours

b. Give toxicity test methods followed.

Manual title	See Addendum	See Addendum	See Addendum
Edition number and year of publication	5th/2002	5th/2002	5th/2002
Page number(s)	185-200	185-200	185-200

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite	X	X	X
Grab			

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection	X	X	X
After dechlorination	X	X	X

	Test number: N/A	Test number: N/A	Test number: N/A
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	Outfall	Outfall	Outfall
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity			
Acute toxicity	X	X	X
g. Provide the type of test performed.			
Static	X	X	X
Static-renewal			
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source. N/A			
Laboratory water			
Receiving water			
i. Type of dilution water. It salt water, specify "natural" or type of artificial sea salts or brine used. N/A			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
	100	100	100
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH	7.3, 7.6	7.5, 7.5	7.3, 7.3
Salinity (ppt)	0.3, 0.3	0.3, 0.3	0.3, 0.3
Temperature (°C)	7.2, 10.9	3.0, 7.1	9.0, 8.5
Ammonia (ppm as N)	0.64, 1.20	0.15, 0.90	0.92, 1.60
Dissolved oxygen (mg/L)	10.0, 10.3	11.4, 11.7	9.7, 9.3
l. Test Results.			
Acute:			
Percent survival in 100% effluent	100 %	100 %	60 %
LC_{50}	>100	>100	>100
95% C.I.	N/A %	N/A %	N/A %
Control percent survival	100 %	100 %	95 %
Other (describe)	N/A	N/A	N/A

Chronic: N/A

NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	Yes	Yes	Yes
Was reference toxicant test within acceptable bounds?	Yes	Yes	Yes
What date was reference toxicant test run (MM/DD/YYYY)?	10/06/2008	01/26/2009	06/08/2009
Other (describe)	N/A	N/A	N/A

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes X No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: N/A (MM/DD/YYYY)

Summary of results: (see instructions)

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

ADDENDUM EA (ACUTE TOXICITY) – FORM 2A PART E

Acute Toxicity Testing

The results for 17 acute toxicity tests of samples collected between January 1, 2005 and June 30, 2009 are shown in Tables EA.1 and EA.2. The survival results indicate full compliance with Effluent limitation B.10 throughout that period, except for the June 8, 2009 bioassay.

Table EA.1. Onchohynchus mykiss Testing Summary.

Test Start Date	Control 96-hour Survival %	100% Effluent 96-hour Survival %
1/11/2005	100	100
3/8/2005	100	100
7/12/2005	100	100
9/14/2005	100	100

Table EA.2. Pimephales promelas Testing Summary.

Test Start Date	Control 96-hour Survival %	100% Effluent 96-hour Survival %
3/13/2006	100	97.5
4/6/2006	95	70
8/21/2006	100	100
10/16/2006	100	100
3/20/2007	100	100
6/11/2007	90	95
8/6/2007	100	92.5
12/11/2007	100	95
1/14/2008	90	95
4/14/2008	95	100
8/12/2008	100	100
10/06/2008	100	100
1/26/2009	100	100
6/8/2009	95	60

E.2.b. Toxicity Test Methods. Manual Title: Methods for Measuring the Acute Toxicity of Effluents and Receiving Waters to Freshwater and Marine Organisms.

E.2.k. Parameters Measured During the Test. All parameters met test method specifications.

FORM 2A
PART E (CHRONIC TOXICITY)

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

60 chronic 18 acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Chronic Test number: 1002.0 Test number: 1000.0 Test number: 1003.0

a. Test information.

Test species & test method number	C. dubia EPA/600/4-91/002	P. promelas EPA/600/4-91/002	S. capricornutum EPA/600/4-91/002
Age at initiation of test	Less than 48 Hours	Less than 48 Hours	4-7 days
Outfall number	001	001	001
Dates sample collected	1/24/05, 1/26/05, 1/28/05	1/24/05, 1/26/05, 1/28/05	1/24/05, 1/26/05, 1/28/05
Date test started	1/25/05	1/25/05	1/25/05
Duration	8 days	7 days	4 days

b. Give toxicity test methods followed.

Manual title	See Addendum	See Addendum	See Addendum
Edition number and year of publication	3rd/1994	3rd/1994	3rd/1994
Page number(s)	128-180	48-99	181-211

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite	X	X	X
Grab			

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection	X	X	X
After dechlorination	X	X	X

	Test number: 1002.0	Test number: 1000.0	Test number: 1003.0
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	Outfall	Outfall	Outfall
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity	X	X	X
Acute toxicity			
g. Provide the type of test performed.			
Static			X
Static-renewal	X	X	
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source. N/A			
Laboratory water			
Receiving water			
i. Type of dilution water. It salt water, specify "natural" or type of artificial sea salts or brine used. N/A			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
	100	100	100
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH	7.84, 7.62, 7.93	7.84, 7.62, 7.93	7.84, 7.62, 7.93
Salinity EC (uS/cm)	793, 693, 769	793, 693, 769	793, 693, 769
Temperature (°C)	9.1, 5.1, 8.9	9.1, 5.1, 8.9	9.1, 5.1, 8.9
Ammonia (mg/L N)	0.20, 1.02, 0.94	0.20, 1.02, 0.94	0.20, 1.02, 0.94
Dissolved oxygen (mg/L)	10.2, 9.9, 9.4	10.2, 9.9, 9.4	10.2, 9.9, 9.4
l. Test Results.			
Acute: N/A			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:

NOEC	N/A %	N/A %	N/A %
IC_{25}	N/A %	N/A %	N/A %
Control percent survival	100 %	97.5 %	N/A %
Other (describe)	See Addendum	See Addendum	See Addendum

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	Yes	Yes	Yes
Was reference toxicant test within acceptable bounds?	Yes	No	Yes
What date was reference toxicant test run (MM/DD/YYYY)?	01/25/2005	01/25/2005	01/25/2005
Other (describe)	N/A	N/A	N/A

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

___Yes _X_ No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: N/A (MM/DD/YYYY)

Summary of results: (see instructions)

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

60 chronic 18 acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Chronic Test number: 1002.0 Test number: 1000.0 Test number: 1003.0

a. Test information.

Test species & test method number	C. dubia EPA/600/4-91/002	P. promelas EPA/600/4-91/002	S. capricornutum EPA/600/4-91/002
Age at initiation of test	Less than 48 Hours	Less than 48 Hours	4-7 days
Outfall number	001	001	001
Dates sample collected	3/14/05, 3/16/05, 3/18/05	3/14/05, 3/16/05, 3/18/05	3/14/05, 3/16/05, 3/18/05
Date test started	3/15/05	3/15/05	3/15/05
Duration	7 days	7 days	4 days

b. Give toxicity test methods followed.

Manual title	See Addendum	See Addendum	See Addendum
Edition number and year of publication	3rd/1994	3rd/1994	3rd/1994
Page number(s)	128-180	48-99	181-211

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite	X	X	X
Grab			

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection	X	X	X
After dechlorination	X	X	X

	Test number: 1002.0	Test number: 1000.0	Test number: 1003.0
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	Outfall	Outfall	Outfall
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity	X	X	X
Acute toxicity			
g. Provide the type of test performed.			
Static			X
Static-renewal	X	X	
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source. N/A			
Laboratory water			
Receiving water			
i. Type of dilution water. It salt water, specify "natural" or type of artificial sea salts or brine used. N/A			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
	100	100	100
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH	7.65, 7.58, 7.45	7.65, 7.58, 7.45	7.65, 7.58, 7.45
Salinity EC (uS/cm)	567, 652, 909	567, 652, 909	567, 652, 909
Temperature (°C)	6.8, 6.8, 8.6	6.8, 6.8, 8.6	6.8, 6.8, 8.6
Ammonia (mg/L N)	2.86, 2.63, 4.46	2.86, 2.63, 4.46	2.86, 2.63, 4.46
Dissolved oxygen (mg/L)	12.3, 11.9, 9.3	12.3, 11.9, 9.3	12.3, 11.9, 9.3
l. Test Results.			
Acute: N/A			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:

NOEC	N/A %	N/A %	N/A %
IC_{25}	N/A %	N/A %	N/A %
Control percent survival	100 %	77.5 %	N/A %
Other (describe)	See Addendum	See Addendum	See Addendum

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	Yes	Yes	Yes
Was reference toxicant test within acceptable bounds?	Yes	Yes	Yes
What date was reference toxicant test run (MM/DD/YYYY)?	03/15/2005	03/15/2005	03/15/2005
Other (describe)	N/A	N/A	N/A

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes _X_ No If yes, describe: _____

_____

_____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: _N/A_ (MM/DD/YYYY)

Summary of results: (see instructions)

_____

_____

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

60 chronic 18 acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Chronic Test number: 1002.0 Test number: 1000.0 Test number: 1003.0

a. Test information.

Test species & test method number	C. dubia EPA/600/4-91/002	P. promelas EPA/600/4-91/002	S. capricornutum EPA/600/4-91/002
Age at initiation of test	Less than 48 Hours	Less than 48 Hours	Less than 48 Hours
Outfall number	001	001	001
Dates sample collected	7/25/05, 7/27/05, 7/29/05	7/25/05, 7/27/05, 7/29/05	7/25/05, 7/27/05, 7/29/05
Date test started	7/26/05	7/26/05	7/26/05
Duration	7 days	7 days	4 days

b. Give toxicity test methods followed.

Manual title	See Addendum	See Addendum	See Addendum
Edition number and year of publication	3rd/1994	3rd/1994	3rd/1994
Page number(s)	128-180	48-99	181-211

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite	X	X	X
Grab			

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection	X	X	X
After dechlorination	X	X	X

	Test number: 1002.0	Test number: 1000.0	Test number: 1003.0
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	Outfall	Outfall	Outfall
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity	X	X	X
Acute toxicity			
g. Provide the type of test performed.			
Static			X
Static-renewal	X	X	
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source. N/A			
Laboratory water			
Receiving water			
i. Type of dilution water. It salt water, specify "natural" or type of artificial sea salts or brine used. N/A			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
	100	100	100
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH	7.16, 7.56, 7.17	7.16, 7.56, 7.17	7.16, 7.56, 7.17
Salinity EC (uS/cm)	657, 626, 628	657, 626, 628	657, 626, 628
Temperature (°C)	10.8, 7.3, 8.7	10.8, 7.3, 8.7	10.8, 7.3, 8.7
Ammonia (mg/L N)	<0.1, <0.1	<0.1, <0.1	<0.1, <0.1
Dissolved oxygen (mg/L)	8.9, 9.2, 7.6	8.9, 9.2, 7.6	8.9, 9.2, 7.6
l. Test Results.			
Acute: N/A			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:			
NOEC	N/A %	N/A %	N/A %
IC_{25}	N/A %	N/A %	N/A %
Control percent survival	100 %	65 %	N/A %
Other (describe)	See Addendum	See Addendum	See Addendum

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	Yes	Yes	Yes
Was reference toxicant test within acceptable bounds?	Yes	Yes	Yes
What date was reference toxicant test run (MM/DD/YYYY)?	07/26/2005	07/26/2005	07/26/2005
Other (describe)	N/A	N/A	N/A

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

___Yes X No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: N/A (MM/DD/YYYY)

Summary of results: (see instructions)

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

60 chronic 18 acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Chronic Test number: 1002.0 Test number: Test number: 1003.0

a. Test information.

Test species & test method number	C. dubia EPA/600/4-91/002		S. capricornutum EPA/600/4-91/002
Age at initiation of test	Less than 48 Hours		Less than 48 Hours
Outfall number	001		001
Dates sample collected	8/22/05, 8/24/05, 8/26/05, 8/30/05		8/22/05, 8/24/05, 8/26/05, 8/30/05
Date test started	8/22/05		8/31/05
Duration	7 days		4 days

b. Give toxicity test methods followed.

Manual title	See Addendum		See Addendum
Edition number and year of publication	3rd/1994		3rd/1994
Page number(s)	128-180		181-211

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite	X		X
Grab			

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection	X		X
After dechlorination	X		X

	Test number: 1002.0	Test number:	Test number: 1003.0
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	Outfall		Outfall
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity	X		X
Acute toxicity			
g. Provide the type of test performed.			
Static			X
Static-renewal	X		
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source. N/A			
Laboratory water			
Receiving water			
i. Type of dilution water. It salt water, specify "natural" or type of artificial sea salts or brine used. N/A			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
	100		100
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH	7.45, 7.18, 7.41, 7.35		7.45, 7.18, 7.41, 7.35
Salinity EC (uS/cm)	676, 690, 716, 720		676, 690, 716, 720
Temperature (°C)	8.3, 8.0, 6.1, 6.7		8.3, 8.0, 6.1, 6.7
Ammonia (mg/L N)	<1.0, <1.0, <1.0, 1.9		<1.0, <1.0, <1.0, 1.9
Dissolved oxygen (mg/L)	8.7, 8.4, 9.1, 10.2		8.7, 8.4, 9.1, 10.2
l. Test Results.			
Acute: N/A			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:			
NOEC	N/A %	%	N/A %
IC_{25}	N/A %	%	N/A %
Control percent survival	90 %	%	N/A %
Other (describe)	See Addendum		See Addendum

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	Yes		Yes
Was reference toxicant test within acceptable bounds?	Yes		Yes
What date was reference toxicant test run (MM/DD/YYYY)?	08/22/2005		08/31/2005
Other (describe)	N/A		N/A

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes X No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: N/A (MM/DD/YYYY)

Summary of results: (see instructions)

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

60 chronic 18 acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Chronic Test number: 1002.0 Test number: 1000.0 Test number: 1003.0

a. Test information.

Test species & test method number	C. dubia EPA/600/4-91/002	P. promelas EPA/600/4-91/002	S. capricornutum EPA/600/4-91/002
Age at initiation of test	Less than 48 Hours	Less than 48 Hours	Less than 48 Hours
Outfall number	001	001	001
Dates sample collected	10/3/05, 10/5/05, 10/7/05	10/3/05, 10/5/05, 10/7/05	10/3/05, 10/5/05, 10/7/05
Date test started	10/4/05	10/4/05	10/4/05
Duration	7 days	7 days	4 days

b. Give toxicity test methods followed.

Manual title	See Addendum	See Addendum	See Addendum
Edition number and year of publication	3rd/1994	3rd/1994	3rd/1994
Page number(s)	128-180	48-99	181-211

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite	X	X	X
Grab			

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection	X	X	X
After dechlorination	X	X	X

	Test number: 1002.0	Test number: 1000.0	Test number: 1003.0
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	Outfall	Outfall	Outfall
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity	X	X	X
Acute toxicity			
g. Provide the type of test performed.			
Static			X
Static-renewal	X	X	
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source. N/A			
Laboratory water			
Receiving water			
i. Type of dilution water. It salt water, specify "natural" or type of artificial sea salts or brine used. N/A			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
	100	100	100
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH	7.35, 7.32, 7.29	7.35, 7.32, 7.29	7.35, 7.32, 7.29
Salinity EC (uS/cm)	707, 697, 703	707, 697, 703	707, 697, 703
Temperature (°C)	6.5, 6.5, 8.3	6.5, 6.5, 8.3	6.5, 6.5, 8.3
Ammonia (mg/L N)	<1.0, 1.6, <1.0	<1.0, 1.6, <1.0	<1.0, 1.6, <1.0
Dissolved oxygen (mg/L)	9.6, 9.6, 9.0	9.6, 9.6, 9.0	9.6, 9.6, 9.0
l. Test Results.			
Acute: N/A			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:			
NOEC	N/A %	N/A %	N/A %
IC_{25}	N/A %	N/A %	N/A %
Control percent survival	100 %	95 %	N/A %
Other (describe)	See Addendum	See Addendum	See Addendum
m. Quality Control/Quality Assurance.			
Is reference toxicant data available?	Yes	Yes	Yes
Was reference toxicant test within acceptable bounds?	Yes	Yes	Yes
What date was reference toxicant test run (MM/DD/YYYY)?	10/04/2005	10/04/2005	10/04/2005
Other (describe)	N/A	N/A	N/A

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes X No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: N/A (MM/DD/YYYY)

Summary of results: (see instructions)

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

60 chronic 18 acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Chronic Test number: 1002.0 Test number: 1000.0 Test number: 1003.0

a. Test information.

Test species & test method number	C. dubia EPA 821/R-02/013	P. promelas EPA 821/R-02/013	S. capricornutum EPA 821/R-02/013
Age at initiation of test	Less than 24 Hours	Less than 24 Hours	4-7 Days
Outfall number	001	001	001
Dates sample collected	2/27/06, 3/01/06, 3/03/06	2/27/06, 3/01/06, 3/03/06	2/27/06, 3/01/06, 3/03/06
Date test started	2/28/06	2/28/06	3/2/06
Duration	8 days	7 days	4 days

b. Give toxicity test methods followed.

Manual title	See Addendum	See Addendum	See Addendum
Edition number and year of publication	4th/2002	4th/2002	4th/2002
Page number(s)	141-196	53-111	197-230

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite	X	X	X
Grab			

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection	X	X	X
After dechlorination	X	X	X

	Test number: 1002.0	Test number: 1000.0	Test number: 1003.0
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	Outfall	Outfall	Outfall
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity	X	X	X
Acute toxicity			
g. Provide the type of test performed.			
Static			X
Static-renewal	X	X	
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source. N/A			
Laboratory water			
Receiving water			
i. Type of dilution water. It salt water, specify "natural" or type of artificial sea salts or brine used. N/A			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
	100	100	100
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH	7.50, 7.40, 7.50	7.50, 7.40, 7.50	7.50, 7.40, 7.50
Salinity (ppt)	0.40, 0.30, 0.30	0.40, 0.30, 0.30	0.40, 0.30, 0.30
Temperature (°C)	4.90, 3.00, 5.50	4.90, 3.00, 5.50	4.90, 3.00, 5.50
Ammonia (ppm as N)	2.60, 2.70, 3.90	2.60, 2.70, 3.90	2.60, 2.70, 3.90
Dissolved oxygen (mg/L)	10.50, 11.20, 10.20	10.50, 11.20, 10.20	10.50, 11.20, 10.20
l. Test Results.			
Acute: N/A			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:			
NOEC	N/A %	N/A %	N/A %
IC_{25}	N/A %	N/A %	N/A %
Control percent survival	60 %	100 %	N/A %
Other (describe)	See Addendum	See Addendum	See Addendum

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	Yes	Yes	Yes
Was reference toxicant test within acceptable bounds?	Yes	Yes	Yes
What date was reference toxicant test run (MM/DD/YYYY)?	02/28/2006	02/28/2006	03/02/2006
Other (describe)	N/A	N/A	N/A

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

___Yes _X_ No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: N/A (MM/DD/YYYY)

Summary of results: (see instructions)

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

60 chronic 18 acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Chronic Test number: 1002.0 Test number: 1000.0 Test number: 1003.0

a. Test information.

Test species & test method number	C. dubia EPA 821/R-02/013	P. promelas EPA 821/R-02/013	S. capricornutum EPA 821/R-02/013
Age at initiation of test	Less than 24 Hours	Less than 24 Hours	4-7 Days
Outfall number	001	001	001
Dates sample collected	3/29/06, 3/31/06, 4/03/06	3/29/06, 3/31/06, 4/03/06	3/29/06, 3/31/06, 4/03/06
Date test started	3/30/06	3/30/06	3/30/06
Duration	7 days	7 days	4 days

b. Give toxicity test methods followed.

Manual title	See Addendum	See Addendum	See Addendum
Edition number and year of publication	4th/2002	4th/2002	4th/2002
Page number(s)	141-196	53-111	197-230

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite	X	X	X
Grab			

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection	X	X	X
After dechlorination	X	X	X

	Test number: 1002.0	Test number: 1000.0	Test number: 1003.0
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	Outfall	Outfall	Outfall
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity	X	X	X
Acute toxicity			
g. Provide the type of test performed.			
Static			X
Static-renewal	X	X	
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source. N/A			
Laboratory water			
Receiving water			
i. Type of dilution water. It salt water, specify "natural" or type of artificial sea salts or brine used. N/A			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
	100	100	100
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH	7.50, 7.70, 7.70	7.50, 7.70, 7.70	7.50, 7.70, 7.70
Salinity (ppt)	0.30, 0.10, 0.10	0.30, 0.10, 0.10	0.30, 0.10, 0.10
Temperature (°C)	5.50, 7.50, 7.50	5.50, 7.50, 7.50	5.50, 7.50, 7.50
Ammonia (ppm as N)	3.20, <0.03 mg/L, 0.04	3.20, <0.03 mg/L, 0.04	3.20, <0.03 mg/L, 0.04
Dissolved oxygen (mg/L)	9.20, 11.10, 10.80	9.20, 11.10, 10.80	9.20, 11.10, 10.80
l. Test Results.			
Acute: N/A			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:			
NOEC	N/A %	N/A %	N/A %
IC_{25}	N/A %	N/A %	N/A %
Control percent survival	100 %	95 %	N/A %
Other (describe)	See Addendum	See Addendum	See Addendum

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	Yes	Yes	Yes
Was reference toxicant test within acceptable bounds?	Yes	Yes	Yes
What date was reference toxicant test run (MM/DD/YYYY)?	03/30/2006	03/30/2006	03/30/2006
Other (describe)	N/A	N/A	N/A

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes X No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: N/A (MM/DD/YYYY)

Summary of results: (see instructions)

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

60 chronic 18 acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Chronic Test number: 1002.0 Test number: 1000.0 Test number: 1003.0

a. Test information.

Test species & test method number	C. dubia EPA 821/R-02/013	P. promelas EPA 821/R-02/013	S. capricornutum EPA 821/R-02/013
Age at initiation of test	Less than 24 Hours	Less than 24 Hours	4-7 Days
Outfall number	001	001	001
Dates sample collected	4/10/06, 4/12/06, 4/14/06	4/10/06, 4/12/06, 4/14/06	4/10/06, 4/12/06, 4/14/06
Date test started	4/11/06	4/11/06	4/13/06
Duration	7 days	7 days	4 days

b. Give toxicity test methods followed.

Manual title	See Addendum	See Addendum	See Addendum
Edition number and year of publication	4th/2002	4th/2002	4th/2002
Page number(s)	141-196	53-111	197-230

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite	X	X	X
Grab			

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection	X	X	X
After dechlorination	X	X	X

	Test number: 1002.0	Test number: 1000.0	Test number: 1003.0
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	Outfall	Outfall	Outfall
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity	X	X	X
Acute toxicity			
g. Provide the type of test performed.			
Static			X
Static-renewal	X	X	
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source. N/A			
Laboratory water			
Receiving water			
i. Type of dilution water. It salt water, specify "natural" or type of artificial sea salts or brine used. N/A			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
	100	100	100
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH	7.50, 7.40, 7.60	7.50, 7.40, 7.60	7.50, 7.40, 7.60
Salinity (ppt)	0.30, 0.30, 0.30	0.30, 0.30, 0.30	0.30, 0.30, 0.30
Temperature (°C)	9.00, 8.20, 8.00	9.00, 8.20, 8.00	9.00, 8.20, 8.00
Ammonia (ppm as N)	3.60, 0.16, 3.30	3.60, 0.16, 3.30	3.60, 0.16, 3.30
Dissolved oxygen (mg/L)	9.00, 10.20, 9.60	9.00, 10.20, 9.60	9.00, 10.20, 9.60
l. Test Results.			
Acute: N/A			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:			
NOEC	N/A %	N/A %	N/A %
IC_{25}	N/A %	N/A %	N/A %
Control percent survival	80 %	95 %	N/A %
Other (describe)	See Addendum	See Addendum	See Addendum

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	Yes	Yes	Yes
Was reference toxicant test within acceptable bounds?	Yes	Yes	Yes
What date was reference toxicant test run (MM/DD/YYYY)?	04/11/2006	04/11/2006	04/13/2006
Other (describe)	N/A	N/A	N/A

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes X No If yes, describe: _____

_____

_____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: N/A (MM/DD/YYYY)

Summary of results: (see instructions)

_____

_____

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

60 chronic 18 acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Chronic Test number: 1002.0 Test number: 1000.0 Test number: 1003.0

a. Test information.

Test species & test method number	C. dubia EPA 821/R-02/013	P. promelas EPA 821/R-02/013	S. capricornutum EPA 821/R-02/013
Age at initiation of test	Less than 24 Hours	Less than 24 Hours	4-7 Days
Outfall number	001	001	001
Dates sample collected	8/14/06, 8/16/06, 8/18/06	8/14/06, 8/16/06, 8/18/06	8/14/06, 8/16/06, 8/18/06
Date test started	8/15/06	8/15/06	8/17/06
Duration	7 days	7 days	4 days

b. Give toxicity test methods followed.

Manual title	See Addendum	See Addendum	See Addendum
Edition number and year of publication	4th/2002	4th/2002	4th/2002
Page number(s)	141-196	53-111	197-230

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite	X	X	X
Grab			

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection	X	X	X
After dechlorination	X	X	X

FACILITY NAME AND PERMIT NUMBER: Sewer Maintenance District 1 NPDES No. CA0079316			Form Approved 1/14/99 OMB Number 2040-0086
	Test number: 1002.0	Test number: 1000.0	Test number: 1003.0
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	Outfall	Outfall	Outfall
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity	X	X	X
Acute toxicity			
g. Provide the type of test performed.			
Static			X
Static-renewal	X	X	
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source. N/A			
Laboratory water			
Receiving water			
i. Type of dilution water. It salt water, specify "natural" or type of artificial sea salts or brine used. N/A			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
	100	100	100
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH	7.40, 7.20, 7.10	7.40, 7.20, 7.10	7.40, 7.20, 7.10
Salinity (ppt)	0.30, 0.40, 0.30	0.30, 0.40, 0.30	0.30, 0.40, 0.30
Temperature (°C)	7.20, 10.00, 7.50	7.20, 10.00, 7.50	7.20, 10.00, 7.50
Ammonia (mg/L)	<0.03, <0.03, <0.03	<0.03, <0.03, <0.03	<0.03, <0.03, <0.03
Dissolved oxygen (mg/L)	8.80, 9.50, 8.40	8.80, 9.50, 8.40	8.80, 9.50, 8.40
l. Test Results.			
Acute: N/A			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:			
NOEC	N/A %	N/A %	N/A %
IC_{25}	N/A %	N/A %	N/A %
Control percent survival	90 %	90 %	N/A %
Other (describe)	See Addendum	See Addendum	See Addendum
m. Quality Control/Quality Assurance.			
Is reference toxicant data available?	Yes	Yes	Yes
Was reference toxicant test within acceptable bounds?	Yes	Yes	Yes
What date was reference toxicant test run (MM/DD/YYYY)?	08/15/2006	08/15/2006	08/17/2006
Other (describe)	N/A	N/A	N/A

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes X No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: N/A (MM/DD/YYYY)

Summary of results: (see instructions)

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

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- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

60 chronic 18 acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Chronic Test number: 1002.0 Test number: 1000.0 Test number: 1003.0

a. Test information.

Test species & test method number	C. dubia EPA 821/R-02/013	P. promelas EPA 821/R-02/013	S. capricornutum EPA 821/R-02/013
Age at initiation of test	Less than 24 Hours	Less than 24 Hours	4-7 Days
Outfall number	001	001	001
Dates sample collected	10/02/06,10/04/06,10/06/06	10/02/06,10/04/06,10/06/06	10/02/06,10/04/06,10/06/06
Date test started	10/03/06	10/03/06	10/05/06
Duration	8 days	7 days	4 days

b. Give toxicity test methods followed.

Manual title	See Addendum	See Addendum	See Addendum
Edition number and year of publication	4th/2002	4th/2002	4th/2002
Page number(s)	141-196	53-111	197-230

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite	X	X	X
Grab			

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection	X	X	X
After dechlorination	X	X	X

	Test number: 1002.0	Test number: 1000.0	Test number: 1003.0
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	Outfall	Outfall	Outfall
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity	X	X	X
Acute toxicity			
g. Provide the type of test performed.			
Static			X
Static-renewal	X	X	
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source. N/A			
Laboratory water			
Receiving water			
i. Type of dilution water. It salt water, specify "natural" or type of artificial sea salts or brine used. N/A			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
	100	100	100
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH	7.20, 7.40, 7.40	7.20, 7.40, 7.40	7.20, 7.40, 7.40
Salinity (ppt)	0.30, 0.30, 0.30	0.30, 0.30, 0.30	0.30, 0.30, 0.30
Temperature (°C)	5.30, 3.00, 10.00	5.30, 3.00, 10.00	5.30, 3.00, 10.00
Ammonia (ppm as N)	<0.03 mg/L, 0.34, 0.03	<0.03 mg/L, 0.34, 0.03	<0.03 mg/L, 0.34, 0.03
Dissolved oxygen (mg/L)	10.70, 7.30, 11.50	10.70, 7.30, 11.50	10.70, 7.30, 11.50
l. Test Results.			
Acute: N/A			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:			
NOEC	N/A %	N/A %	N/A %
IC_{25}	N/A %	N/A %	N/A %
Control percent survival	80 %	98 %	N/A %
Other (describe)	See Addendum	See Addendum	See Addendum
m. Quality Control/Quality Assurance.			
Is reference toxicant data available?	Yes	Yes	Yes
Was reference toxicant test within acceptable bounds?	Yes	Yes	Yes
What date was reference toxicant test run (MM/DD/YYYY)?	10/03/2006	10/03/2006	10/05/2006
Other (describe)	N/A	N/A	N/A

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes X No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: N/A (MM/DD/YYYY)

Summary of results: (see instructions)

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

60 chronic 18 acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Chronic Test number: 1002.0 Test number: 1000.0 Test number: 1003.0

a. Test information.

Test species & test method number	C. dubia EPA 821/R-02/013	P. promelas EPA 821/R-02/013	S. capricornutum EPA 821/R-02/013
Age at initiation of test	Less than 24 Hours	Less than 24 Hours	4-7 Days
Outfall number	001	001	001
Dates sample collected	3/19/07, 3/21/07, 3/23/07	3/19/07, 3/21/07, 3/23/07	3/19/07, 3/21/07, 3/23/07
Date test started	3/20/07	3/20/07	3/22/07
Duration	7 days	7 days	4 days

b. Give toxicity test methods followed.

Manual title	See Addendum	See Addendum	See Addendum
Edition number and year of publication	4th/2002	4th/2002	4th/2002
Page number(s)	141-196	53-111	197-230

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite	X	X	X
Grab			

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection	X	X	X
After dechlorination	X	X	X

	Test number: 1002.0	Test number: 1000.0	Test number: 1003.0
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	Outfall	Outfall	Outfall
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity	X	X	X
Acute toxicity			
g. Provide the type of test performed.			
Static			X
Static-renewal	X	X	
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source. N/A			
Laboratory water			
Receiving water			
i. Type of dilution water. It salt water, specify "natural" or type of artificial sea salts or brine used. N/A			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
	100	100	100
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH	6.90, 7.30, 7.40	6.90, 7.30, 7.40	6.90, 7.30, 7.40
Salinity (ppt)	0.30, 0.30, 0.40	0.30, 0.30, 0.40	0.30, 0.30, 0.40
Temperature (°C)	11.00, 7.30, 5.50	11.00, 7.30, 5.50	11.00, 7.30, 5.50
Ammonia (ppm as N)	5.20, 3.50, 5.80	5.20, 3.50, 5.80	5.20, 3.50, 5.80
Dissolved oxygen (mg/L)	8.50, 7.20, 8.10	8.50, 7.20, 8.10	8.50, 7.20, 8.10
l. Test Results.			
Acute: N/A			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:			
NOEC	N/A %	N/A %	N/A %
IC_{25}	N/A %	N/A %	N/A %
Control percent survival	90 %	95 %	N/A %
Other (describe)	See Addendum	See Addendum	See Addendum
m. Quality Control/Quality Assurance.			
Is reference toxicant data available?	Yes	Yes	Yes
Was reference toxicant test within acceptable bounds?	Yes	Yes	Yes
What date was reference toxicant test run (MM/DD/YYYY)?	03/20/2007	03/20/2007	03/22/2007
Other (describe)	N/A	N/A	N/A

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes __X__ No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: N/A (MM/DD/YYYY)

Summary of results: (see instructions)

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

60 chronic 18 acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Chronic Test number: 1002.0 Test number: 1000.0 Test number: 1003.0

a. Test information.

Test species & test method number	C. dubia EPA 821/R-02/013	P. promelas EPA 821/R-02/013	S. capricornutum EPA 821/R-02/013
Age at initiation of test	Less than 24 Hours	Less than 24 Hours	4-7 Days
Outfall number	001	001	001
Dates sample collected	6/11/07, 6/13/07, 6/15/07	6/11/07, 6/13/07, 6/15/07	6/11/07, 6/13/07, 6/15/07
Date test started	6/12/07	6/12/07	6/14/07
Duration	6 days	6 days	4 days

b. Give toxicity test methods followed.

Manual title	See Addendum	See Addendum	See Addendum
Edition number and year of publication	4th/2002	4th/2002	4th/2002
Page number(s)	141-196	53-111	197-230

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite	X	X	X
Grab			

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection	X	X	X
After dechlorination	X	X	X

	Test number: 1002.0	Test number: 1000.0	Test number: 1003.0
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	Outfall	Outfall	Outfall
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity	X	X	X
Acute toxicity			
g. Provide the type of test performed.			
Static			X
Static-renewal	X	X	
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source. N/A			
Laboratory water			
Receiving water			
i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used. N/A			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
	100	100	100
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH	7.40, 7.30, 7.40	7.40, 7.30, 7.40	7.40, 7.30, 7.40
Salinity (ppt)	0.30, 0.30, 0.30	0.30, 0.30, 0.30	0.30, 0.30, 0.30
Temperature (°C)	12.00, 7.00, 11.50	12.00, 7.00, 11.50	12.00, 7.00, 11.50
Ammonia (ppm as N)	1.02, 0.55, 0.41	1.02, 0.55, 0.41	1.02, 0.55, 0.41
Dissolved oxygen (mg/L)	10.10, 10.00, 9.90	10.10, 10.00, 9.90	10.10, 10.00, 9.90
l. Test Results.			
Acute: N/A			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:

NOEC	N/A %	N/A %	N/A %
IC_{25}	N/A %	N/A %	N/A %
Control percent survival	100 %	100 %	N/A %
Other (describe)	See Addendum	See Addendum	See Addendum

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	Yes	Yes	Yes
Was reference toxicant test within acceptable bounds?	Yes	Yes	Yes
What date was reference toxicant test run (MM/DD/YYYY)?	06/12/2007	06/12/2007	06/14/2007
Other (describe)	N/A	N/A	N/A

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes X No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: N/A (MM/DD/YYYY)

Summary of results: (see instructions)

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

60 chronic 18 acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Chronic Test number: 1002.0 Test number: 1000.0 Test number: 1003.0

a. Test information.

Test species & test method number	C. dubia EPA 821/R-02/013	P. promelas EPA 821/R-02/013	S. capricornutum EPA 821/R-02/013
Age at initiation of test	Less than 24 Hours	Less than 24 Hours	4-7 Days
Outfall number	001	001	001
Dates sample collected	8/6/07, 8/8/07, 8/10/07	8/6/07, 8/8/07, 8/10/07	8/6/07, 8/8/07, 8/10/07
Date test started	8/7/07	8/7/07	8/9/07
Duration	6 days	7 days	4 days

b. Give toxicity test methods followed.

Manual title	See Addendum	See Addendum	See Addendum
Edition number and year of publication	4th/2002	4th/2002	4th/2002
Page number(s)	141-196	53-111	197-230

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite	X	X	X
Grab			

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection	X	X	X
After dechlorination	X	X	X

	Test number: 1002.0	Test number: 1000.0	Test number: 1003.0
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	Outfall	Outfall	Outfall
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity	X	X	X
Acute toxicity			
g. Provide the type of test performed.			
Static			X
Static-renewal	X	X	
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source. N/A			
Laboratory water			
Receiving water			
i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used. N/A			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
	100	100	100
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH	7.60, 7.50, 7.30	7.60, 7.50, 7.30	7.60, 7.50, 7.30
Salinity (ppt)	0.30, 0.30, 0.30	0.30, 0.30, 0.30	0.30, 0.30, 0.30
Temperature (°C)	12.00, 9.00, 13.80	12.00, 9.00, 13.80	12.00, 9.00, 13.80
Ammonia (ppm as N)	<0.03 mg/L, 0.14, 0.06	<0.03 mg/L, 0.14, 0.06	<0.03 mg/L, 0.14, 0.06
Dissolved oxygen (mg/L)	12.00, 8.60, 8.60	12.00, 8.60, 8.60	12.00, 8.60, 8.60
l. Test Results.			
Acute: N/A			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:

NOEC	N/A %	N/A %	N/A %
IC_{25}	N/A %	N/A %	N/A %
Control percent survival	100 %	98 %	N/A %
Other (describe)	See Addendum	See Addendum	See Addendum

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	Yes	Yes	Yes
Was reference toxicant test within acceptable bounds?	Yes	Yes	Yes
What date was reference toxicant test run (MM/DD/YYYY)?	08/7/2007	08/7/2007	08/9/2007
Other (describe)	N/A	N/A	N/A

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes X No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: N/A (MM/DD/YYYY)

Summary of results: (see instructions)

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

60 chronic 18 acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Chronic Test number: 1002.0 Test number: 1000.0 Test number: 1003.0

a. Test information.

Test species & test method number	C. dubia EPA 821/R-02/013	P. promelas EPA 821/R-02/013	S. capricornutum EPA 821/R-02/013
Age at initiation of test	Less than 24 Hours	Less than 24 Hours	4-7 Days
Outfall number	001	001	001
Dates sample collected	12/10/07, 12/12/07, 12/14/07	12/10/07, 12/12/07, 12/14/07	12/10/07, 12/12/07, 12/14/07
Date test started	12/11/07	12/11/07	12/13/07
Duration	6 days	7 days	4 days

b. Give toxicity test methods followed.

Manual title	See Addendum	See Addendum	See Addendum
Edition number and year of publication	4th/2002	4th/2002	4th/2002
Page number(s)	141-196	53-111	197-230

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite	X	X	X
Grab			

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection	X	X	X
After dechlorination	X	X	X

	Test number: 1002.0	Test number: 1000.0	Test number: 1003.0
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	Outfall	Outfall	Outfall
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity	X	X	X
Acute toxicity			
g. Provide the type of test performed.			
Static			X
Static-renewal	X	X	
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source. N/A			
Laboratory water			
Receiving water			
i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used. N/A			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
	100	100	100
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH	7.40, 7.40, 7.40	7.40, 7.40, 7.40	7.40, 7.40, 7.40
Salinity (ppt)	0.30, 0.40, 0.30	0.30, 0.40, 0.30	0.30, 0.40, 0.30
Temperature (°C)	5.00, 4.00, 5.00	5.00, 4.00, 5.00	5.00, 4.00, 5.00
Ammonia (ppm as N)	0.76, 0.70, 0.60	0.76, 0.70, 0.60	0.76, 0.70, 0.60
Dissolved oxygen (mg/L)	9.50, 10.30, 9.40	9.50, 10.30, 9.40	9.50, 10.30, 9.40
l. Test Results.			
Acute: N/A			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:			
NOEC	N/A %	N/A %	N/A %
IC_{25}	N/A %	N/A %	N/A %
Control percent survival	90 %	95 %	N/A %
Other (describe)	See Addendum	See Addendum	See Addendum
m. Quality Control/Quality Assurance.			
Is reference toxicant data available?	Yes	Yes	Yes
Was reference toxicant test within acceptable bounds?	Yes	Yes	Yes
What date was reference toxicant test run (MM/DD/YYYY)?	12/11/2007	12/11/2007	12/13/2007
Other (describe)	N/A	N/A	N/A

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes X No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: N/A (MM/DD/YYYY)

Summary of results: (see instructions)

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

60 chronic 18 acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Chronic Test number: 1002.0 Test number: 1000.0 Test number: 1003.0

a. Test information.

Test species & test method number	C. dubia EPA 821/R-02/013	P. promelas EPA 821/R-02/013	S. capricornutum EPA 821/R-02/013
Age at initiation of test	Less than 24 Hours	Less than 24 Hours	4-7 Days
Outfall number	001	001	001
Dates sample collected	1/14/08, 1/16/08, 1/18/08	1/14/08, 1/16/08, 1/18/08	1/14/08, 1/16/08, 1/18/08
Date test started	1/15/08	1/15/08	1/17/08
Duration	6 days	7 days	4 days

b. Give toxicity test methods followed.

Manual title	See Addendum	See Addendum	See Addendum
Edition number and year of publication	4th/2002	4th/2002	4th/2002
Page number(s)	141-196	53-111	197-230

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite	X	X	X
Grab			

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection	X	X	X
After dechlorination	X	X	X

	Test number: 1002.0	Test number: 1000.0	Test number: 1003.0
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	Outfall	Outfall	Outfall
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity	X	X	X
Acute toxicity			
g. Provide the type of test performed.			
Static			X
Static-renewal	X	X	
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source. N/A			
Laboratory water			
Receiving water			
i. Type of dilution water. It salt water, specify "natural" or type of artificial sea salts or brine used. N/A			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
	100	100	100
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH	7.40, 7.40, 7.40	7.40, 7.40, 7.40	7.40, 7.40, 7.40
Salinity (ppt)	0.30, 0.30, 0.30	0.30, 0.30, 0.30	0.30, 0.30, 0.30
Temperature (°C)	4.80, 4.00, 1.50	4.80, 4.00, 1.50	4.80, 4.00, 1.50
Ammonia (ppm as N)	0.04, 0.62, 0.90	0.04, 0.62, 0.90	0.04, 0.62, 0.90
Dissolved oxygen (mg/L)	9.40, 9.80, 8.30	9.40, 9.80, 8.30	9.40, 9.80, 8.30
l. Test Results.			
Acute: N/A			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:

NOEC	N/A %	N/A %	N/A %
IC_{25}	N/A %	N/A %	N/A %
Control percent survival	100 %	100 %	N/A %
Other (describe)	See Addendum	See Addendum	See Addendum

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	Yes	Yes	Yes
Was reference toxicant test within acceptable bounds?	Yes	Yes	Yes
What date was reference toxicant test run (MM/DD/YYYY)?	01/15/2008	01/15/2008	01/17/2008
Other (describe)	N/A	N/A	N/A

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes X No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: N/A (MM/DD/YYYY)

Summary of results: (see instructions)

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

60 chronic 18 acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Chronic Test number: 1002.0 Test number: 1000.0 Test number: 1003.0

a. Test information.

Test species & test method number	C. dubia EPA 821/R-02/013	P. promelas EPA 821/R-02/013	S. capricornutum EPA 821/R-02/013
Age at initiation of test	Less than 24 Hours	Less than 24 Hours	4-7 Days
Outfall number	001	001	001
Dates sample collected	4/14/08, 4/16/08, 4/18/08	4/14/08, 4/16/08, 4/18/08	4/14/08, 4/16/08, 4/18/08
Date test started	4/15/08	4/15/08	4/17/08
Duration	6 days	7 days	4 days

b. Give toxicity test methods followed.

Manual title	See Addendum	See Addendum	See Addendum
Edition number and year of publication	4th/2002	4th/2002	4th/2002
Page number(s)	141-196	53-111	197-230

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite	X	X	X
Grab			

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection	X	X	X
After dechlorination	X	X	X

	Test number: 1002.0	Test number: 1000.0	Test number: 1003.0
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	Outfall	Outfall	Outfall
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity	X	X	X
Acute toxicity			
g. Provide the type of test performed.			
Static			X
Static-renewal	X	X	
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source. N/A			
Laboratory water			
Receiving water			
i. Type of dilution water. It salt water, specify "natural" or type of artificial sea salts or brine used. N/A			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
	100	100	100
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH	7.00, 6.50, 7.00	7.00, 6.50, 7.00	7.00, 6.50, 7.00
Salinity (ppt)	0.30, 0.30, 0.30	0.30, 0.30, 0.30	0.30, 0.30, 0.30
Temperature (°C)	8.50, 6.00, 6.00	8.50, 6.00, 6.00	8.50, 6.00, 6.00
Ammonia (ppm as N)	1.80, 2.80, 4.20	1.80, 2.80, 4.20	1.80, 2.80, 4.20
Dissolved oxygen (mg/L)	10.60, 6.70, 8.80	10.60, 6.70, 8.80	10.60, 6.70, 8.80
l. Test Results.			
Acute: N/A			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:			
NOEC	N/A %	N/A %	N/A %
IC_{25}	N/A %	N/A %	N/A %
Control percent survival	90 %	100 %	N/A %
Other (describe)	See Addendum	See Addendum	See Addendum
m. Quality Control/Quality Assurance.			
Is reference toxicant data available?	Yes	Yes	Yes
Was reference toxicant test within acceptable bounds?	Yes	Yes	Yes
What date was reference toxicant test run (MM/DD/YYYY)?	04/15/2008	04/15/2008	04/17/2008
Other (describe)	N/A	N/A	N/A

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes _X_ No If yes, describe: _____

_____

_____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: N/A (MM/DD/YYYY)

Summary of results: (see instructions)

_____

_____

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

60 chronic 18 acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Chronic Test number: 1002.0 Test number: 1000.0 Test number: 1003.0

a. Test information.

Test species & test method number	C. dubia EPA 821/R-02/013	P. promelas EPA 821/R-02/013	S. capricornutum EPA 821/R-02/013
Age at initiation of test	Less than 24 Hours	Less than 24 Hours	4-7 Days
Outfall number	001	001	001
Dates sample collected	8/11/08, 8/13/08, 8/15/08	8/11/08, 8/13/08, 8/15/08	8/11/08, 8/13/08, 8/15/08
Date test started	8/12/08	8/12/08	8/14/08
Duration	8 days	7 days	4 days

b. Give toxicity test methods followed.

Manual title	See Addendum	See Addendum	See Addendum
Edition number and year of publication	4th/2002	4th/2002	4th/2002
Page number(s)	141-196	53-111	197-230

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite	X	X	X
Grab			

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection	X	X	X
After dechlorination	X	X	X

	Test number: 1002.0	Test number: 1000.0	Test number: 1003.0
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	Outfall	Outfall	Outfall
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity	X	X	X
Acute toxicity			
g. Provide the type of test performed.			
Static			X
Static-renewal	X	X	
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source. N/A			
Laboratory water			
Receiving water			
i. Type of dilution water. It salt water, specify "natural" or type of artificial sea salts or brine used. N/A			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
	100	100	100
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH	7.20, 7.40, 7.20	7.20, 7.40, 7.20	7.20, 7.40, 7.20
Salinity (ppt)	0.30, 0.30, 0.30	0.30, 0.30, 0.30	0.30, 0.30, 0.30
Temperature (°C)	9.10, 12.00, 11.90	9.10, 12.00, 11.90	9.10, 12.00, 11.90
Ammonia (ppm as N)	<0.03 mg/L, 0.11, 0.09	<0.03 mg/L, 0.11, 0.09	<0.03 mg/L, 0.11, 0.09
Dissolved oxygen (mg/L)	10.20, 9.50, 9.40	10.20, 9.50, 9.40	10.20, 9.50, 9.40
l. Test Results.			
Acute: N/A			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:			
NOEC	N/A %	N/A %	N/A %
IC_{25}	N/A %	N/A %	N/A %
Control percent survival	100 %	100 %	N/A %
Other (describe)	See Addendum	See Addendum	See Addendum
m. Quality Control/Quality Assurance.			
Is reference toxicant data available?	Yes	Yes	Yes
Was reference toxicant test within acceptable bounds?	No	Yes	Yes
What date was reference toxicant test run (MM/DD/YYYY)?	08/12/2008	08/12/2008	08/14/2008
Other (describe)	N/A	N/A	N/A

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes X No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: N/A (MM/DD/YYYY)

Summary of results: (see instructions)

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

60 chronic 18 acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Chronic Test number: 1002.0 Test number:_____ Test number:_____

a. Test information.

Test species & test method number	C. dubia EPA 821/R-02/013		
Age at initiation of test	Less than 24 Hours		
Outfall number	001		
Dates sample collected	9/8/08, 9/10/08, 9/12/08		
Date test started	9/9/08		
Duration	6 days		

b. Give toxicity test methods followed.

Manual title	See Addendum		
Edition number and year of publication	4th/2002		
Page number(s)	141-196		

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite	X		
Grab			

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection	X		
After dechlorination	X		

	Test number: 1002.0	Test number:_____	Test number:_____
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	Outfall		
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity	X		
Acute toxicity			
g. Provide the type of test performed.			
Static			
Static-renewal	X		
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source. N/A			
Laboratory water			
Receiving water			
i. Type of dilution water. It salt water, specify "natural" or type of artificial sea salts or brine used. N/A			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
	100		
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH	7.40, 7.50, 7.41		
Salinity (ppt)	0.30, 0.40, 0.40		
Temperature (°C)	8.50, 13.00, 10.80		
Ammonia (ppm as N)	0.45, 2.90, 0.64		
Dissolved oxygen (mg/L)	10.20, 9.40, 9.10		
l. Test Results.			
Acute: N/A			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:			
NOEC	N/A %		
IC_{25}	N/A %		
Control percent survival	100 %		
Other (describe)	See Addendum		
m. Quality Control/Quality Assurance.			
Is reference toxicant data available?	Yes		
Was reference toxicant test within acceptable bounds?	Yes		
What date was reference toxicant test run (MM/DD/YYYY)?	09/09/2008		
Other (describe)	N/A		

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes X No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: N/A (MM/DD/YYYY)

Summary of results: (see instructions)

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

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- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

60 chronic 18 acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Chronic Test number: 1002.0 Test number: 1000.0 Test number: 1003.0

a. Test information.

Test species & test method number	C. dubia EPA 821/R-02/013	P. promelas EPA 821/R-02/013	S. capricornutum EPA 821/R-02/013
Age at initiation of test	Less than 24 Hours	Less than 24 Hours	4-7 Days
Outfall number	001	001	001
Dates sample collected	10/6/08, 10/8/08, 10/10/08	10/6/08, 10/8/08, 10/10/08	10/6/08, 10/8/08, 10/10/08
Date test started	10/7/08	10/7/08	10/9/08
Duration	7 days	7 days	4 days

b. Give toxicity test methods followed.

Manual title	See Addendum	See Addendum	See Addendum
Edition number and year of publication	4th/2002	4th/2002	4th/2002
Page number(s)	141-196	53-111	197-230

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite	X	X	X
Grab			

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection	X	X	X
After dechlorination	X	X	X

	Test number: 1002.0	Test number: 1000.0	Test number: 1003.0
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	Outfall	Outfall	Outfall
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity	X	X	X
Acute toxicity			
g. Provide the type of test performed.			
Static			X
Static-renewal	X	X	
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source. N/A			
Laboratory water			
Receiving water			
i. Type of dilution water. It salt water, specify "natural" or type of artificial sea salts or brine used. N/A			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
	100	100	100
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH	7.30, 7.60, 7.50	7.30, 7.60, 7.50	7.30, 7.60, 7.50
Salinity (ppt)	0.30, 0.30, 0.40	0.30, 0.30, 0.40	0.30, 0.30, 0.40
Temperature (°C)	7.20, 10.90, 4.80	7.20, 10.90, 4.80	7.20, 10.90, 4.80
Ammonia (ppm as N)	0.64, 1.20, 0.80	0.64, 1.20, 0.80	0.64, 1.20, 0.80
Dissolved oxygen (mg/L)	10.00, 10.30, 10.10	10.00, 10.30, 10.10	10.00, 10.30, 10.10
l. Test Results.			
Acute: N/A			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:			
NOEC	N/A %	N/A %	N/A %
IC_{25}	N/A %	N/A %	N/A %
Control percent survival	90 %	98 %	N/A %
Other (describe)	See Addendum	See Addendum	See Addendum

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	Yes	Yes	Yes
Was reference toxicant test within acceptable bounds?	Yes	Yes	Yes
What date was reference toxicant test run (MM/DD/YYYY)?	10/07/2008	10/07/2008	10/09/2008
Other (describe)	N/A	N/A	N/A

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes X No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: N/A (MM/DD/YYYY)

Summary of results: (see instructions)

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

60 chronic 18 acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Chronic Test number: 1002.0 Test number: 1000.0 Test number: 1003.0

a. Test information.

Test species & test method number	C. dubia EPA 821/R-02/013	P. promelas EPA 821/R-02/013	S. capricornutum EPA 821/R-02/013
Age at initiation of test	Less than 24 Hours	Less than 24 Hours	4-7 Days
Outfall number	001	001	001
Dates sample collected	1/26/09, 1/28/09, 1/30/09	1/26/09, 1/28/09, 1/30/09	1/26/09, 1/28/09, 1/30/09
Date test started	1/27/09	1/27/09	1/29/07
Duration	6 days	7 days	4 days

b. Give toxicity test methods followed.

Manual title	See Addendum	See Addendum	See Addendum
Edition number and year of publication	4th/2002	4th/2002	4th/2002
Page number(s)	141-196	53-111	197-230

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite	X	X	X
Grab			

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection	X	X	X
After dechlorination	X	X	X

	Test number: 1002.0	Test number: 1000.0	Test number: 1003.0
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	Outfall	Outfall	Outfall
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity	X	X	X
Acute toxicity			
g. Provide the type of test performed.			
Static			X
Static-renewal	X	X	
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source. N/A			
Laboratory water			
Receiving water			
i. Type of dilution water. It salt water, specify "natural" or type of artificial sea salts or brine used. N/A			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
	100	100	100
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH	7.50, 7.50, 7.50	7.50, 7.50, 7.50	7.50, 7.50, 7.50
Salinity (ppt)	0.30, 0.30, 0.30	0.30, 0.30, 0.30	0.30, 0.30, 0.30
Temperature (°C)	3.00, 7.10, 5.00	3.00, 7.10, 5.00	3.00, 7.10, 5.00
Ammonia (ppm as N)	0.15, <0.03 mg/L, 0.82	0.15, <0.03 mg/L, 0.82	0.15, <0.03 mg/L, 0.82
Dissolved oxygen (mg/L)	11.40, 11.70, 5.50	11.40, 11.70, 5.50	11.40, 11.70, 5.50
l. Test Results.			
Acute: N/A			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:			
NOEC	N/A %	N/A %	N/A %
IC_{25}	N/A %	N/A %	N/A %
Control percent survival	100 %	100 %	N/A %
Other (describe)	See Addendum	See Addendum	See Addendum

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	Yes	Yes	Yes
Was reference toxicant test within acceptable bounds?	Yes	Yes	Yes
What date was reference toxicant test run (MM/DD/YYYY)?	01/27/2009	01/27/2009	01/29/2007
Other (describe)	N/A	N/A	N/A

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

___Yes X No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: N/A (MM/DD/YYYY)

Summary of results: (see instructions)

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

60 chronic 18 acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Chronic Test number: 1002.0 Test number: 1000.0 Test number: 1003.0

a. Test information.

Test species & test method number	C. dubia EPA 821/R-02/013	P. promelas EPA 821/R-02/013	S. capricornutum EPA 821/R-02/013
Age at initiation of test	Less than 24 Hours	Less than 24 Hours	4-7 Days
Outfall number	001	001	001
Dates sample collected	6/8/09, 6/10/09, 6/12/09	6/8/09, 6/10/09, 6/12/09	6/8/09, 6/10/09, 6/12/09
Date test started	6/9/09	6/9/09	6/11/09
Duration	8 days	7 days	4 days

b. Give toxicity test methods followed.

Manual title	See Addendum	See Addendum	See Addendum
Edition number and year of publication	4th/2002	4th/2002	4th/2002
Page number(s)	141-196	53-111	197-230

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite	X	X	X
Grab			

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection	X	X	X
After dechlorination	X	X	X

	Test number: 1002.0	Test number: 1000.0	Test number: 1003.0
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	Outfall	Outfall	Outfall
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity	X	X	X
Acute toxicity			
g. Provide the type of test performed.			
Static			X
Static-renewal	X	X	
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source. N/A			
Laboratory water			
Receiving water			
i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used. N/A			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
	100	100	100
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH	7.30, 7.30, 7.20	7.30, 7.30, 7.20	7.30, 7.30, 7.20
Salinity (ppt)	0.30, 0.30, 0.30	0.30, 0.30, 0.30	0.30, 0.30, 0.30
Temperature (°C)	9.00, 8.50, 10.10	9.00, 8.50, 10.10	9.00, 8.50, 10.10
Ammonia (ppm as N)	0.92, 1.60, 2.60	0.92, 1.60, 2.60	0.92, 1.60, 2.60
Dissolved oxygen (mg/L)	9.70, 9.30, 8.60	9.70, 9.30, 8.60	9.70, 9.30, 8.60
l. Test Results.			
Acute: N/A			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:

NOEC	N/A %	N/A %	N/A %
IC_{25}	N/A %	N/A %	N/A %
Control percent survival	100 %	90 %	N/A %
Other (describe)	See Addendum	See Addendum	See Addendum

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	Yes	Yes	Yes
Was reference toxicant test within acceptable bounds?	No	Yes	Yes
What date was reference toxicant test run (MM/DD/YYYY)?	06/09/2009	06/09/2009	06/11/2009
Other (describe)	N/A	N/A	N/A

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes X No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: N/A (MM/DD/YYYY)

Summary of results: (see instructions)

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

ADDENDUM EC (CHRONIC TOXICITY) – FORM 2A PART E

Chronic Toxicity Testing

E.2.b. Toxicity Test Methods. Manual Title: Short-term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Freshwater Organisms.

E.2.k. Parameters Measured During the Test. All parameters met test method specifications.

E.2.l. Test Results. The test results for the three species are summarized in Tables EC.2, EC.3, and EC.4.

Table EC.1. Pimephales promelas Testing Result Summary.

Test Start Date	Control		100% Effluent	
	7 Day Survival (%)	Avg. Dry wt. (mg)	7 Day Survival (%)	Avg. Dry wt. (mg)
1/25/2005	97.5	0.50	95	0.63
3/15/2005	77.5	0.71	100	0.63
7/26/2005	65	0.46	95	0.69
10/4/2005	95	0.35	95	0.44
2/28/2006	100	0.43	78	0.35
3/30/2006	95	0.43	98	0.40
4/11/2006	95	0.43	98	0.40
8/15/2006	90	0.33	100	0.36
10/3/2006	98	0.25	98	0.24
3/20/2007	95	0.31	88	0.33
6/12/2007	100	0.26	100	0.27
8/7/2007	98	0.32	95	0.31
12/11/2007	95	0.34	98	0.31
1/15/2008	100	0.35	100	0.31
4/15/2008	100	0.22	93	0.32
8/12/2008	100	0.32	98	0.34
10/7/2008	98	0.40	95	0.52
1/27/2009	100	0.42	98	0.43
6/9/2009	90	0.43	98	0.40

Table EC.2. Ceriodaphnia dubia Testing Result Summary.

Test Start Date	Control		100% Effluent	
	6 to 8 Day Survival (%)	Reproduction (# neonates/ female)	6 to 8 Day Survival (%)	Reproduction (# neonates/ female)
1/12/2005	100	17.7	100	15.6
3/15/2005	100	21.3	100	13.9
7/26/2005	100	32.3	0	0.0
8/23/2005	100	27.6	80	19.2
10/4/2005	100	22.7	100	20.2
2/28/2006	60	11.9	0	0
3/30/2006	100	28.80	100	28.70
4/11/2006	80	15.40	80	17.50
8/15/2006	90	15.33	100	15.70
10/3/2006	80	21.90	90	10.30
3/20/2007	90	20.90	90	16.10
6/12/2007	100	26.10	100	15.80
8/7/2007	100	19.50	80	4.40
12/11/2007	90	18.10	90	9.90
1/15/2008	100	19.00	100	20.20
4/15/2008	90	24.60	100	25.50
8/12/2008	100	14.30	50	8.70
9/9/2008	100	17.60	80	13.00
10/7/2008	90	24.50	100	20.00
1/27/2009	100	22.80	80	5.70
6/9/2009	100	24.60	80	16.10

Note: For February 2006, the laboratory control water did not meet any of the test acceptability criteria. The SMD 1 R-1 control water passed all three acceptability criteria: survival ($\geq$ 80%), number of broods ($\geq$ 60% of the surviving adults must have had at least three broods), and average number of neonates ($\geq$ 15 neonates/ adult).

Table EC.3. Selenastrum capricornutum Testing Result Summary.

Test Start Date	96-Hour Cell Density (million cells/mL)	
	Control	Effluent
1/25/2005	1.860	1.020
3/15/2005	2.590	1.620
7/26/2005	1.120	0.502
8/31/2005	1.410	1.060
10/4/2005	1.520	0.958
3/2/2006	2.539	3.433
3/30/2006	1.788	1.926
4/13/2006	1.776	2.199
8/17/2006	0.921	1.925
10/3/2006	1.504	1.434
3/20/2007	1.539	1.607
6/14/2007	1.623	1.715
8/9/2007	1.536	1.674
12/13/2007	3.071	1.831
1/17/2008	1.100	2.110
4/17/2008	1.772	1.634
8/14/2008	2.166	1.963
10/9/2008	2.185	2.684
1/27/2009	2.981	3.143
6/9/2009	2.641	2.113

FORM 2A
PART F

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

____Yes ✔ No

F.2. **Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs).** Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. _____

b. Number of CIUs. _____

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: See Addendum F

Mailing Address: _____

_____

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

_____

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): See Addendum F

Raw material(s): _____

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd (_____continuous or _____intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd (_____continuous or _____intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits ____Yes ✔ No

b. Categorical pretreatment standards ✔ Yes ____No

If subject to categorical pretreatment standards, which category and subcategory?

_____

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____Yes ✓ No If yes, describe each episode.

No known problems.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

✓ Yes (complete F.13 through F.15.) ____No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

See Addendum F

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

See Addendum F

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

✓ Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

See Addendum F

b. Is the discharge (or will the discharge be) continuous or intermittent?

✓ Continuous ____Intermittent If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

ADDENDUM F – FORM 2A PART F (INDUSTRIAL AND RCRA/CERCLA WASTES)

F.3. Significant Industrial Users (SIUs). The following describes the two existing SIUs that discharge wastewater to the SMD 1 WWTP.

Name	Mailing Address	SIC	Flow		Subject to:	
			Average (gpd)	Continuous or Intermittent? (I / C)	Local Limits? (Y / N)	Categorical Pretreatment Standards?
Coherant	2303 Lindbergh Street Auburn, CA 95602	3827	10,598	C	N	None
Carpenter Advanced Ceramics	13395 New Airport Road Auburn, CA 95602	3264	20,427	C	N	Metal Finishing
Notes: C = Continuous						

F.13, F.14 and F.15. Waste Origin, Pollutants and Waste Treatment. Remediation wastes are only discharged to the POTW from the following site:

- The Store, Highway 49 and Dry Creek:
  - ✓ Owner: Jaggit Saini
  - ✓ Flow: 50 to 190 gallons per day.
  - ✓ Location: 4000 Grass Valley Highway, Auburn, CA 95602
  - ✓ Pollutants: Petroleum products.
  - ✓ Waste Treatment: Activated carbon filters.

SECTION 3
SUPPLEMENTAL INFORMATION

SECTION 3
SUPPLEMENTAL INFORMATION

3.1 PURPOSE

The purpose of Section 3 is to provide supplemental information requested at the County's July 27, 2009 meeting with RWQCB staff.

3.2 TREATMENT PROCESS

3.2.1 Existing.

The existing site plan and treatment process are illustrated in Figures 3.1 and 3.2, respectively. As shown therein, the existing process includes a headworks, primary clarification, secondary treatment (using Rotating Biological Contactors (RBCs), trickling filters, intermediate and final clarifiers), gravity filters and chlorine disinfection, and dechlorination. Solids treatment includes primary and secondary digesters, belt press, sludge drying beds and landfill disposal.

3.2.2 Changes (Since Last Permit).

There have been no significant changes in the treatment process since the last NPDES Permit was adopted in June 2005. The County continues to provide primary, secondary and tertiary treatment and discharge dechlorinated effluent to Rock Creek.

3.2.3 Proposed Changes.

The County is currently in the process of having an engineering Preliminary Design Report (PDR) prepared for the SMD 1 WWTP Upgrade & Expansion project. The project will upgrade the treatment process and increase the design capacity of the treatment plant to 2.7 mgd (average dry weather flow).

The increased capacity is needed to meet projected demands within the SMD 1 WWTP service area. Those projections are shown in Table 3.1.

Table 3.1. Existing and Projected SMD 1 WWTP Demands.

Existing:	Average Dry Weather Flow (mgd)
2009	1.7
Projected:	
2020	2.1
2030	2.6
2034	2.7

Existing average dry weather flow is based on influent flow measurements that occurred June through August 2003 and 2004. Slightly lower average dry weather influent flows that were measured between July 1, 2006 and June 30, 2007 (approximately 1.6 mgd) are attributed to drought conditions and the economy. Projected average dry weather flow estimates are based on Placer County population projections by the California Department of Finance (Report P1 Population Projections with Race/Ethnic Detail).

As currently anticipated, the future liquid process schematic is presented in Figure 3-3. As shown in that figure, after completion of the improvements, the County anticipates that the treatment process will include the following major components:

- New headworks with improved grit removal equipment.
- New primary clarifiers.
- Possible flow equalization facilities.
- New biological nutrient removal facilities (including anoxic/aeration basins).
- New secondary clarifiers and tertiary filters (or membrane bioreactor facilities).
- New disinfection facilities (replacing chlorine disinfection).
- Possible post-disinfection effluent aeration facilities.
- New Operations/Laboratory Building.
- New or renovated solids handling facilities.

The improvements will be designed to comply with a 30-day average Total Nitrate plus Nitrite (as Nitrogen) limit of 10 mg/L and a Total Ammonia (as Nitrogen) average monthly limit of 1.36 mg/L (based on a maximum effluent pH limit of 8.2).

3.3 COMPLIANCE SUMMARY

3.3.1 Effluent Limits.

Tables 3.2 and 3.3 summarize SMD 1 WWTP compliance with existing effluent limits between July 1, 2006 and June 30, 2009 (excluding outliers, see Section 3.4). The tables show the total number of samples collected and the minimum, maximum and average (or median) concentrations or levels and the number of exceedances.

Table 3.2. Compliance Summary – Effluent
Non-CTR Constituents
July 1, 2006 through June 30, 2009.

Constituent	Limit	Exceedances	Total Samples	Min	Max
Alachlor	2 µg/L (30-day avg)	0	13	0.0	<1.25
Aluminum	58 µg/L (30-day avg)	9[a]	24	11.8	162
	160 µg/L (daily avg)	1[a]			
Total Ammonia (as N)	varies mg/L	2	1,094	<0.1	15.1
Atrazine	1.0 µg/L (inst. max)	0	16	0.0	<2.0
Chlorine Residual	0.02 mg/L (1-hr avg)	2	1,095	<0.01	7.5
Chloroform	1.1 µg/L (30-day avg)	22[a]	23	<1	99
Manganese	50 µg/L (30-day avg)	0	22	4.09	35.2

Table 3.2. Compliance Summary – Effluent
Non-CTR Constituents
July 1, 2006 through June 30, 2009.

Constituent	Limit	Exceedances	Total Samples	Min	Max
Mercury	0.00021 lbs/day (30-day avg)	0	13	0.00001	0.00004
MTBE	5 µg/L (30-day avg)	0	21	<0.05	<3
Total Nitrate plus Nitrite (as N)	10 mg/L (30-day avg)	36[a,d]	1,094	4.3	49
Nitrite	1 mg/L (30-day avg)	0[d]	1,094	<0.05	3.12[b]
Oil and Grease	10 mg/L (30-day avg)	0	17	<4.9	<10
	15 mg/L (inst max)	0			
PAEs	3.0 µg/L (30-day avg)	1[a,c]	20	<0.1	38
Chlorinated Hydrocarbon Pesticides	0.00 µg/L (30-day avg)	0	20	<0.0017	<0.8
	0.0 µg/L (inst max)	0			
Settleable Solids	0.1 ml/L (30-day avg)	0	1,095	<0.1	<0.1
	0.2 ml/L (inst max)	0			
Tributyltin	0.04 µg/L (30-day avg)	0	22	0.0024	0.001
	0.12 µg/L (daily avg)	0			
BOD	10 mg/L (monthly avg)	0	781	1.2	>13.3
	15 mg/L (weekly avg)	0			
	25 mg/L (daily max)	0			
TSS	10 mg/L (monthly avg)	0	784	<1.0	10.6
	15 mg/L (weekly avg)	0			
	25 mg/L (daily max)	0			
Total Coliform Organisms	2.2 MPN/100 ml (7-day median)	0	1,095	<2	>1,600
	23 MPN/100 ml (not more than once in 30 days)	0			
	240 MPN/100 ml (maximum)	1			

Table 3.2. Compliance Summary – Effluent
Non-CTR Constituents
July 1, 2006 through June 30, 2009.

Constituent	Limit	Exceedances	Total Samples	Min	Max
pH	6.5 (minimum)	1	1,096	6.0	7.7
	8.5 (maximum)	0			

Notes:

a Not in violation of effluent limit, subject to compliance schedule.
b The high Nitrite (as N) concentrations are unexpected. These concentrations are suspect because corresponding increases in effluent Total Coliform levels and reductions in receiving water dissolved oxygen concentrations did not occur.
c Since the County initiated "clean sampling" techniques in January 2007, no PAEs have been detected in the effluent.
d In the calculation of average concentrations, if the daily concentration was less than the laboratory's reporting limit, one-half of the method detection limit was used based on a review of recent NPDES permits approved by the RWQCB.

Table 3.3. Compliance Summary – Effluent
CTR Constituents
July 1, 2006 through June 30, 2009.

Constituent	Limit	Exceedances	Total Samples	Min	Max
Bis(2-ethylhexyl) phthalate	1.8 µg/L (30-day avg)	3[a,b]	23	<0.1	18
Bromodichloromethane	0.56 µg/L (30-day avg)	16[a]	24	<0.5	14
Copper	Calculate (daily avg)	0	18	1.1	10.1
	Calculate (daily max)	0			
Dioxin and Furans	0.013 pg/L (30-day avg)	0	10	<0.568	0.000966
Lead	Calculate (30-day avg)	0	19	0.194	1.24
	Calculate (daily max)	0			
PCBs	1.7×10^{-4} µg/L (30-day avg)	0	20	<0.04	<25
Silver	Calculate (30-day avg)	0	19	<0.02	0.02
	Calculate (daily max)	0			
Zinc	Calculate (30-day avg)	0	19	15.8	34.9
	Calculate (daily max)	0			

Notes:

a Not in violation of effluent limit, subject to compliance schedule.
b Since the County initiated "clean sampling" techniques in January 2007, no Bis(2-ethylhexyl)pthalate has been detected in the effluent.

3.3.2 Receiving Water Limits.

Table 3.4 summarizes SMD 1 WWTP compliance with existing receiving water limits at receiving water monitoring station R-2 between July 1, 2006 and June 30, 2009. Table 3.4 shows where concentrations exceeded receiving water limits, the total number of samples collected and the minimum, maximum and average (or median) receiving water concentrations or levels (excluding outliers, see Section 3.4).

Table 3.4. Compliance Summary – Receiving Water
July 1, 2006 through June 30, 2009.

Constituent	Limit	Exceedances at R-2	Total Samples	Min	Max	Avg
Dissolved Oxygen	7 mg/L (minimum)	10[b]	1,096	5.9	13.2	9.4
Electrical Conductivity	None	Not Applicable	1,096	49	700	239
Fecal Coliform	200 MPN (max geometric mean)	1[b]	38	8	1,600	105[a]
pH	6.5 (minimum)	0	1,066	6.5	8.4	7.2
	8.5 (maximum)	0				
	0.5 (max 30-day avg change)	0		0	2.2	0.2
Temperature	5 Degrees F (max increase)	50[b]	1,084	0.0	8.8	2.4
Turbidity	20% increase (max if R-1 = 5 to 50 NTUs)	0	1,096	0.6	240	5.1
	10 NTU (max if R-1 = 50 to 100 NTUs)	0				
	10% increase (max if R-1 >100 NTUs)	0				

Notes:

a Median

b Exceedances are only noted where the effluent concentrations or levels indicate that the discharge caused the receiving water limit at R-2 to be exceeded.

3.4 OUTLIERS

Table 3.5 contains data that were excluded from the July 1, 2006 through June 30, 2009 data set as outliers (i.e., inconsistencies, which denote incorrect results or the sample was tainted).

Table 3.5. Data Excluded as Outliers.

Constituent	Location	Date	Concentration or Level	Rationale
Flow	Effluent	2/13/08, 2/21/08, 5/6/08, 5/7/08, 5/9/08, 5/18/08, 8/26/08, 8/27/08, 8/29/08, 4/29/09, 4/30/09, 5/1/09 and 5/27/09	1.1, 0.99, 0.58, 0, 0.69, 0.32, 0, 0, 1.06, 0, 0, 1.16 and 0.86	Apparent error, much lower than average dry weather flow of 1.7 mgd.
Copper, Lead and Zinc	Effluent	1/4/08	21.9, 25.2 and 48 µg/L	Concentrations exceed 99th percentile values.
pH	R-2	6/1/07 through 6/30/07	8.4 to 11.1	Equipment error. R-2 pH > than R-1 and effluent pH.
Temperature	R-2	10/24/08	115.1°	Apparent error, extreme outlier.
Temperature	R-2	11/16/08	116°	Apparent error, extreme outlier.
Temperature	R-2	7/9/06, 8/5/06, 8/6/06, 10/9/06, 5/14/07, 5/29/07, 10/25/07, 1/4/08, 2/24/08 10/24/08, 11/16/08, and 5/7/09	70.2°, 72.3°, 72.7°, 64.4°, 56.7°, 57.4°, 59.4°, 48.2°, 50.0°, 239.2°, 240.8°, and 58.8°	Error. R-2 temperature lower than effluent and R-1 temperature

Note:
R-2 = Receiving water at R-2

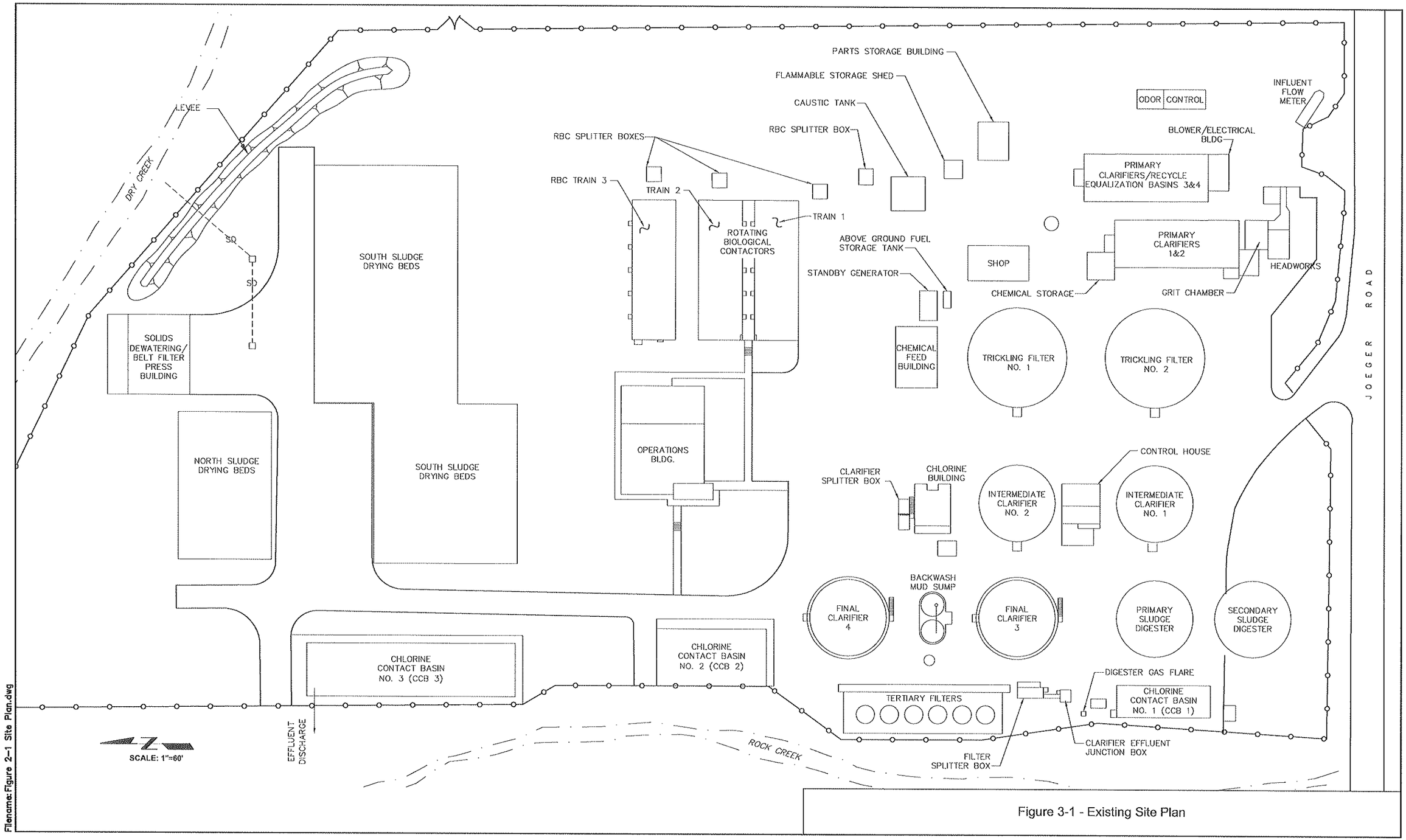
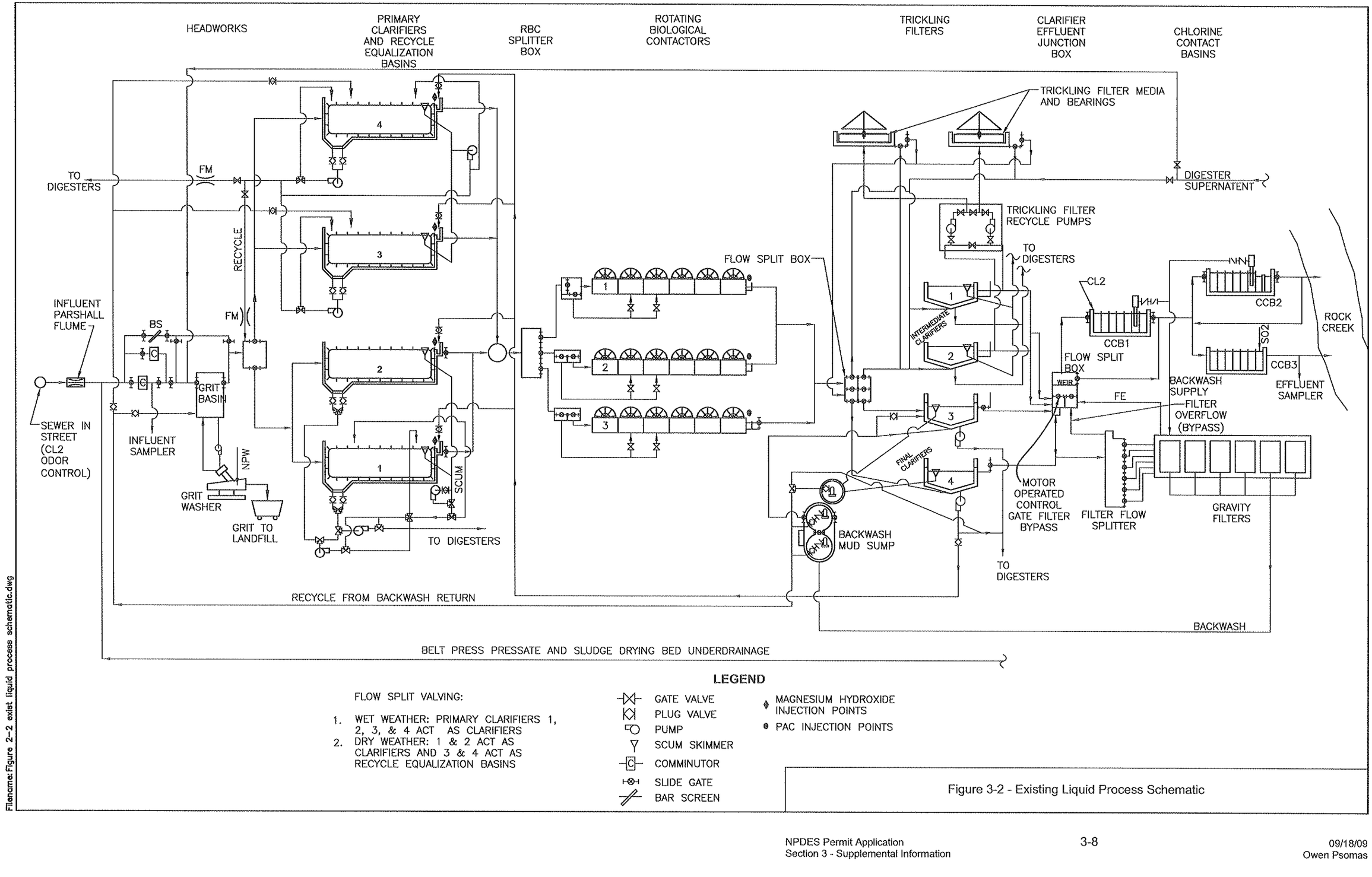


Figure 3-1 - Existing Site Plan



FLOW SPLIT VALVING:

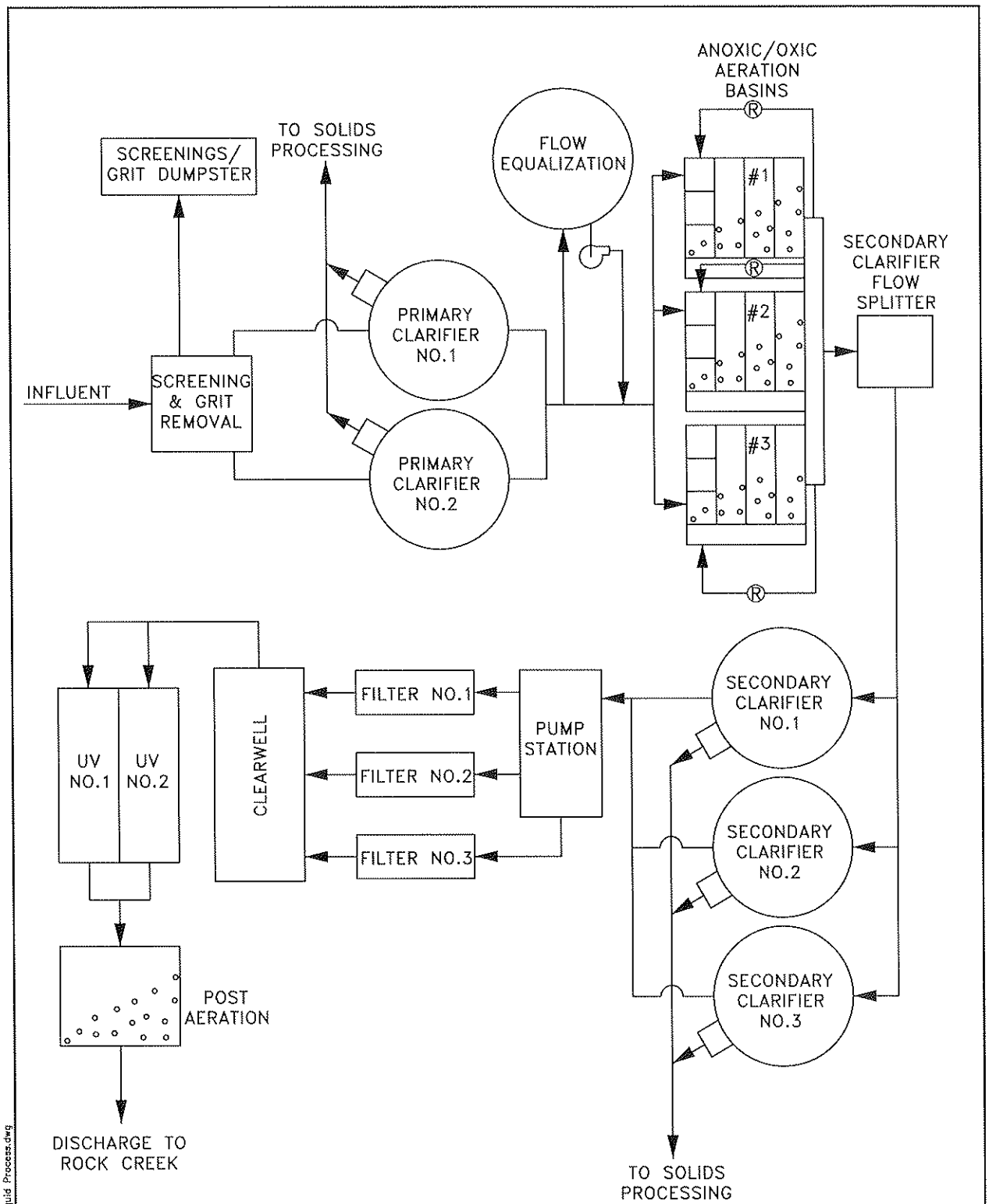
1. WET WEATHER: PRIMARY CLARIFIERS 1, 2, 3, & 4 ACT AS CLARIFIERS
2. DRY WEATHER: 1 & 2 ACT AS CLARIFIERS AND 3 & 4 ACT AS RECYCLE EQUALIZATION BASINS

LEGEND

- GATE VALVE
- PLUG VALVE
- PUMP
- SCUM SKIMMER
- COMMINUTOR
- SLIDE GATE
- BAR SCREEN
- MAGNESIUM HYDROXIDE INJECTION POINTS
- PAC INJECTION POINTS

Figure 3-2 - Existing Liquid Process Schematic

Filename:Figure 2-2 exist liquid process schematic.dwg



Filename:Figure 3-3 Future Liquid Process.dwg

Figure 3-3 - Future Liquid Process Schematic